MEDTRONIC LABS

FY20 IMPACT REPORT

CONTENTS

WWW. MEDTRONICLABS.ORG

VISIT OUR WEBSITE TO FIND OUT MORE ABOUT OUR HEALTHCARE DELIVERY MODELS IN INDIA, KENYA, AND GHANA.

IT IS OUR HOPE

THAT WE MIGHT TRANSLATE OUR PAIN AND OUTRAGE INTO A DECADE OF ACTION.

Dear friends and supporters,

All of our work at Medtronic LABS is animated by our vision of a world where all people – no matter the circumstance of birth or station – can live a healthy life. Last year, we set an ambitious goal for ourselves: To measurably improve the lives of over 10 million underserved patients by 2030.

This year, we started to lay the foundation for scale. We made key investments in our infrastructure as an organization, as a platform, and as a team. First, we established Medtronic LABS as an independent social enterprise, structured as a Public Benefit Corporation. Second, we designed our common digital technology platform to enable growth at scale. Third, we hired key talent in operations, technology, and design.

Our programs also continued to expand access to healthcare for patients, families, and communities. In India, we successfully launched Prerna, our newest program focused on the social determinants of chronic disease. We also worked with the Kerala State Government to offer low-cost health services in public schools. In Kenya, we launched a landmark public-private partnership with the Ministry of Health, three county governments, Novartis Global Health, and Management Sciences for Health, setting the stage for future cross-sector collaboration.

With the emergence of the global COVID-19 pandemic, Medtronic LABS was forced to pause all program operations. Immediately following the shut-down, we defined scenarios to understand the financial implications of lost revenue and established clear operational protocols to keep our employees, customers, and patients safe. We also took a step back to examine our strategy in a rapidly evolving and uncertain future. Now, as our programs begin to reopen, it is clear that we will emerge stronger than ever.

Before we dive into our work at Medtronic LABS, we begin our Impact Report this year with reflections on current events. 2020 has been one of the most consequential years in recent history. The confluence of the global pandemic and the murder of George Floyd will leave its lasting mark. No person, no organization, no nation will emerge from this period unaffected. It is our hope that we might translate our pain and outrage into a decade of action.

As always, we cannot do this alone, so thank you.

SINCERELY,

MEDTRONIC LABS

ON SOCIAL JUSTICE

On May 25th, 2020 George Floyd was murdered in the streets of Minneapolis. His murder affected us deeply, both because it occurred in the very community where Medtronic LABS was born, and also because it laid bare the persistent suffering that we have failed to change as a nation and as a global community. A shockwave reverberated across the entire world. In big cities and small towns, in New York City, in Nairobi, in London, in Accra, in Delhi, peaceful protesters underscored the truth: that racism and the systems of power that keep it intact have persisted for over four centuries and affect every region on Earth.

While our work, progress, and reflections within the following pages do not specifically address police brutality in the United States, the need to view global health and development through the lens of race is clearer than ever. The legacy of colonialism and the reality of systemic racism is everywhere. It is bound up in the inequality between countries, where the gains of Western imperialism and exploitation have compounded over centuries. It is bound up in the inequality within countries, where non-white citizens are worse off on every metric of human development due to state-sanctioned oppression over generations. And it is bound up in the way bilateral donors, multilateral agencies, NGOs, foundations, philanthropists, and social enterprises deploy capital to support economic development and create social good.

Although the unifying mission of organizations working in global health and international development is to end poverty and improve lives, structural racism persists. Leadership and influence at our most powerful institutions skew white and male. Funding for social enterprises and non-profits skews white and male. As a result, decisions and the lens through which decisions are made, skew white and male. Organizations, including Medtronic LABS, must examine our own place in the story and do more to turn our current outrage into action.

While we don't have answers, we do have a commitment to be part of the long-overdue change in our field. We promise to continue to promote diversity at every level. Currently over 90% of our employees and 50% of our leadership are people of color, and we can do even better. We promise to invest in educating all of our employees on issues of diversity and inclusion. We promise to listen to and promote diverse thought leadership and diverse voices. In our work at Medtronic LABS, we will continue to align to local government priorities. We will build an even deeper focus on the social determinants of health, including race, into the core of all of our programs. Ultimately, we will remember that our mission to expand access to healthcare for the underserved is also a mission to dismantle the systems of power that created the underserved in the first place.

"INJUSTICE ANYWHERE IS A THREAT TO JUSTICE EVERYWHERE"

- MARTIN LUTHER KING JR.

ON COVID-19

With the earliest cases of COVID-19, the global health community had an opportunity: to contain the virus, to manage a coordinated response, and to disseminate transparent information. Over time, this opportunity became a challenge, which escalated into a crisis, which intensified into a global pandemic as cases spread alongside a staggeringly tragic loss of life.

It is clear that despite our best efforts, we have come up woefully short. So short, that while we have significantly reduced poverty and improved life expectancy over the past decade, the COVID-19 pandemic threatens to reverse all of the progress we've made. At the same time, it exposes the frailties and injustices in our health, economic, and political systems around the world.

The International Monetary Fund predicts that the global economy will contract by over 3% over the next year with devastating consequences. Global unemployment, already higher than we've seen in the past decade, is expected to rise. According to the International Labor Organization, 20% of the global population work in the informal economy and 49% work in the service industry, meaning that over half of the world's livelihoods are at risk. The World Bank outlines a similarly grim picture, suggesting that over 71 million people may be pushed into poverty defined at the international standard of $1.90 per day.

As the economic downturn takes its toll, the inequities innate in our global economy are amplified as women and people of color are disproportionately affected. Women, who make up 60% of the informal economy, are at greater risk of financial insecurity than men. For those women who can work, many are at the frontlines as essential workers, service workers, caregivers, and community health workers, putting their own lives at risk in order to put food on the table. Most shocking is the drastic increase in gender-based violence documented by international human rights organizations. This must not continue.

Our failures to address health disparity across racial and ethnic lines is just as stark. While this problem is global, the health disparity by race has been widely reported in the United States. Center for Disease Control data obtained by the New York Times shows that African American and Latino people are three times more likely to be infected and two times more likely to die than white people in the same county. Globally, similar trends hold, where long-standing inequities in the social determinants of health – factors like poverty, access to healthcare, access to education, and discrimination – impact racial and ethnic minorities disproportionately. This must not continue.

As part of the global health community, we are alarmed. Yet, in the midst of the tragic failure, the one bright spot is exactly that: the alarm. The outrage. The exposure of the cracks in the systems we have built and maintained. Our fragility. Our interconnectedness. In a recent statement, the UN Deputy Secretary General said that "the worlds' response is only as strong as the weakest health system." It is the hope that this realization ushers in a new decade of structural change. There's no return to normal. Normal has already changed. The only way forward is to look at our failures in the face, and then redouble our efforts.

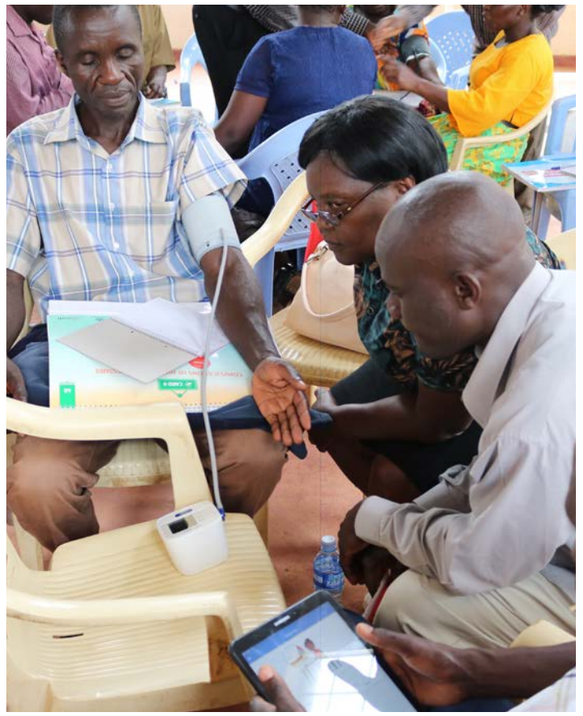
FOR THOSE MANAGING CHRONIC DISEASES, THE COVID-19 PANDEMIC POSES A DOUBLE BURDEN.

As COVID-19 continues to sweep across the world, healthcare systems, livelihoods, and day-to-day interactions have been in flux. However, one thing that has remained constant in the lives of our patients is the persistence of their chronic conditions. In a world where care resources must be prioritized to address an infectious disease, where do non-communicable diseases fit in?

The emergence of initial data has revealed that infectious and non-infectious diseases are more related than they sound. The World Health Organization, supported by numerous studies, has acknowledged that patients with comorbidities, such as cardiovascular disease, hypertension, and diabetes, have increased risk of severe disease and mortality related to COVID-19.

The risk for patients with chronic disease during the pandemic doesn't end with COVID-infection. Keeping these conditions under control is more important than ever as overburdened health systems struggle to treat normally addressable complications such as stroke, heart attacks, and COPD-related pneumonia.

Patients are also fearful of seeking necessary healthcare during this time. Already, we are seeing healthcare utilization decrease as the care seeking threshold increases. Evidence from the 2014 Ebola epidemic showed that a 50% decrease in healthcare utilization resulted in excess deaths from non-Ebola causes.



For those managing chronic diseases, the COVID-19 pandemic poses a double burden – a need to manage non-communicable disease while simultaneously minimizing risk of infectious disease.

The communities we serve have been at increased risk for non-communicable disease but are now facing this double burden as they navigate the complexities of managing their conditions amidst fear of COVID infection, lack of consistent information, and mixed abilities to pay for the medications they require. We have been working to respond to these immediate needs by providing additional resources during this time, including:

Providing consistent, personalized advice: Our patients have been receiving personalized phone calls from our community health workers (CHWs) and tele-counselors. In these regular conversations, CHWs clarify questions on proper hygiene, eating habits, and dispel misinformation about the spread of COVID-19.

Providing medications: In addition to providing advice, in one of our programs CHWs are reducing the burden of getting access to medications by delivering two to four week supplies of each patient's medications to their homes.

Creating contact-free spaces for support: We recognize that lockdowns and self-isolation can be lonely and frustrating for everyone we serve. To provide continued support and keep our patients connected with each other, we are exploring new avenues of e-gathering and telehealth. Via CHW-moderated Virtual Support Groups, patients share stories with each other while receiving continued advice on the management of their conditions.

As our program operations reopen, we will continue to support our patients and partners, and remain committed to improving the lives of over 10 Million NCD patients by 2030.

OUR IMPACT

Medtronic LABS launches as an independent Public Benefit Corporation

In FY20, we established ourselves as a Public Benefit Corporation (PBC) across our three countries of operation. Our structure as a PBC allows us to hold our values of social impact equally alongside our goal of financial sustainability. Being an independent entity enables greater organizational agility as we scale. It allows us to innovate, to pursue alternative financing, and to more easily structure high-value partnerships.

Medtronic LABS had a strong year as we work towards our dual goals of social impact and financial sustainability.

In FY20 we measurably improved clinical outcomes for over 5,000 NCD patients. Our revenue was $560,000, a 78% increase over last year, despite the fact that pre-COVID-19, our year-to-date revenue growth was 138%. Operationally, we continued to drive efficiency as we scale. Our teams have refined and improved screening processes, allowing us to grow the number of patient treatments or interventions by 184% on a patient screening pool just 5% larger than our prior year. Further, our spending grew far slower than the number of treatments or interventions, resulting in a 50% year-over-year reduction in the cost per treatment or intervention in FY20.

As we try to regain the momentum lost during the prolonged shut-down, we remain confident in our future pipeline, fueled by investments in R&D and innovation. In FY20, 30% of our spending funded technology and new programs. Over the past year we made important strides in building our digital technology platform and products. Our core platform is built to be scalable, secure, and interoperable with capabilities to enable our product offerings. In addition to building our core platform, we also launched Prerna, our newest NCD program in India.

FY20 NUMBERS

+5K
LIVES MEASURABLY IMPROVED

$560K
FY20 REVENUE

78%
INCREASE IN REVENUE ACROSS OUR VENTURES

184%
INCREASE IN ENROLLMENTS AND TREATMENTS

50%
REDUCTION IN COST PER TREATMENT OR INTERVENTION

30%
OF SPENDING DEDICATED TO NEW INNOVATION

CUMULATIVE NUMBERS

23K
LIVES MEASURABLY IMPROVED

890K
PEOPLE SCREENED FOR EAR DISEASE AND CHRONIC CONDITIONS

1,600
COMMUNITY HEALTH WORKERS TRAINED

90
OPERATIONAL SITES OR FACILITIES ACCROSS OUR PROGRAMS

FY20 HIGHLIGHTS

AFYA DUMU

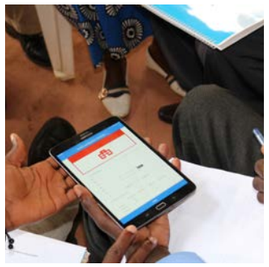
We launched a landmark public-private partnership between Medtronic LABS, Novartis Global Health, Management Sciences for Health, Kenya's Ministry of Health, and the County Governments of Makueni, Nyeri and Kakamega.

NEW PROGRAM LAUNCH

Medtronic LABS launched Prerna – a comprehensive healthcare delivery model for people living with, or at risk for, type II diabetes, hypertension, and co-morbid diseases. The pilot was kicked off in Bangalore, India.

INDIA PARTNERSHIPS

We established a partnership with Amplifon, the largest group of audiology clinics in the world. We also started working with the All India Institute of Medical Sciences (AIIMS) Hospitals in Jodhpur, Rishikesh, Bhubaneswar, and Raipur.



ADHINCRA STUDY

In Ghana, we worked with Johns Hopkins University, Kwame Nkrumah University, and 4 District Hospitals in Kumasi to test the feasibility of nurse-led, mobile health enhanced interventions for patients with uncontrolled diabetes and hypertension.

KERALA PILOT

We piloted the Shruti program with five government schools to support the state mandate to improve the health status of pre-school and school children. During the pilot, we screened over 1,132 children.

RED CROSS KICK-OFF

In Kenya, we launched a partnership with the Red Cross, the Ministry of Health, and Meru County, providing services at Kanyakine Sub-County hospital to support NCD patients in Meru County.

CORE PLATFORM

We made important strides in building our digital technology platform and products. Our core platform is built to be scalable, secure, and interoperable with capabilities to enable our product offerings.

COVID-19 RESPONSE

Operational Protocols for COVID-19 were designed and implemented in India, Kenya, and Ghana as our programs reopen. Virtual Support Groups kicked-off for Empower and Prerna, while telecounseling continues for all programs.

EFFICIENT AND EFFECTIVE CHRONIC DISEASE MANAGEMENT

EMPOWER HEALTH

KENYA, GHANA

Empower Health is a technology-enabled service model that allows clinicians and providers to manage a cohort of hypertensive or diabetic patients remotely. It extends the reach of the health system directly into the community, improving both the efficiency and effectiveness of care.

This year, we focused on expanding the impact of Empower Health by creating cross-sector partnerships. In Kenya, we launched Afya Dumu, a landmark public-private partnership. We also partnered with Kenya Red Cross and Meru County to provide Empower Health to NCD patients at one of their high volume Sub-County hospitals and surrounding communities. In Ghana, we worked with Johns Hopkins University, Kwame Nkrumah University, and 4 District Hospitals in Kumasi to test the feasibility of nurse-led, mobile health enhanced interventions for patients with uncontrolled diabetes and hypertension.

Across all our partners, we are developing our capabilities as an end-to-end service provider. Starting with health care worker training all the way through follow-up telecounseling for patients, we continuously enhance user experience and improve patient outcomes.

FY20 NUMBERS

+1,000
LIVES MEASURABLY IMPROVED

+20K
PATIENTS SCREENED

473%
INCREASE IN PATIENTS SCREENED OVER LAST YEAR

+8K
ENROLLED IN THE EMPOWER HEALTH SYSTEM

815%
INCREASE IN PATIENTS ENROLLED OVER LAST YEAR

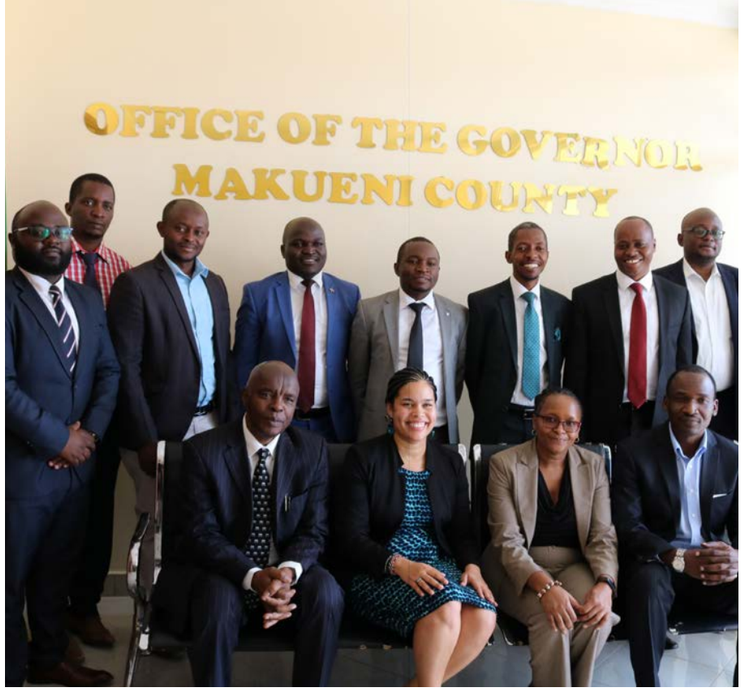
CUMULATIVE NUMBERS

1.4K
LIVES MEASURABLY IMPROVED

24K
PATIENTS SCREENED

11K
ENROLLED IN THE EMPOWER HEALTH SYSTEM

IN FY20 WE LAUNCHED AFYA DUMU, A LANDMARK PUBLIC-PRIVATE PARTNERSHIP



The burden of noncommunicable diseases—NCDs—like diabetes and hypertension remains and continues to grow across low- and middle-income countries. By 2030, it is projected that more than 200 million people in Sub-Saharan Africa will have hypertension and more than 18 million will have diabetes, with more than 2.5 million deaths attributed to cardiovascular conditions.

Now more than ever, the public and private sectors and civil society need to work together to achieve better health outcomes for the populations we serve. In July 2019, we launched Afya Dumu, a public-private partnership between Medtronic LABS, Novartis Global Health, Management Sciences for Health, Kenya's Ministry of Health, and the County Governments of Makueni, Nyeri, and Kakamega. Afya Dumu translates to "lasting health" in Swahili—the powerful idea that despite the chronic nature of diabetes, hypertension, and co-morbidities, we will be there to support our patients for the long-term.

Working with the dedicated health workforce of the public sector, Afya Dumu embraces a health system strengthening approach that combines the Empower Health technology-enabled service model developed by Medtronic LABS, the capacity building expertise of Management Sciences for Health, and the Novartis Access portfolio of NCD medicines from Novartis Global Health to create a patient-centered, end-to-end model of care. Our goal is to achieve measurable health outcomes for 30,000 patients with diabetes, hypertension, and co-morbid diseases. We are well on our way to achieving this goal, having screened nearly 20,000 and enrolled 10,000 patients in our first year of operations.

SHRUTI

INDIA, BANGLADESH

SHRUTI ADDRESSES EAR DISEASE AND HEARING LOSS IN UNDERSERVED POPULATIONS UTILIZING A COMMUNITY HEALTH WORKER-BASED SERVICE MODEL, ENABLED BY POINT OF CARE DIAGNOSTICS, HEARING IMPLANTS, AND DIGITAL TOOLS.

FY20 NUMBERS

+216K
PATIENTS SCREENED

+4K
LIVES MEASURABLY IMPROVED

CUMULATIVE NUMBERS

860K
PATIENTS SCREENED

22K
LIVES MEASURABLY IMPROVED

Aligning and collaborating with public sector partners

In addition to scaling through partnerships, we continued to align with government stakeholders. We worked with the Bureau of Medical Standards to co-create the regulations around tele-otology screening devices. The Health Sector Skill Council, part of the National Skill Development Corporation (NSDC), certified the Shruti Community Health Worker Training curriculum.

EXPANDING OUR FOOTPRINT

This year, we have dedicated efforts to expanding our footprint across India through collaboration with major ear care providers in the region. We established a partnership with Amplifon, the largest group of audiology clinics in the world. Through this partnership, Shruti will expand access to hearing loss treatments for underserved patients across Punjab and Maharashtra. We also started working with the All India Institute of Medical Sciences (AIIMS) Hospitals in Jodhpur, Rishikesh, Bhubaneswar, and Raipur. Our work with AIIMS will lead to expansion of ear screening to smaller cities in Rajasthan, Uttarakhand, Orissa, and Chattisgarh, expanding access to affordable ear care for thousands of patients.

IN FY20, WE CONDUCTED THREE SUCCESSFUL PILOT PROGRAMS WITH THE STATE GOVERNMENTS OF KERALA, DELHI, AND PUNJAB.

Over the past year, we conducted three successful pilot programs with the state governments in Kerala, Delhi, and Punjab to understand the applicability of the Shruti program in the public healthcare system. The pilot programs will help provide a strong foundation for the program, paving the way for larger scale public-private partnerships as well as opening the door for collaboration with other states and institutions.

Kerala has the highest rate of DALYs for hearing disability among Indian states. We piloted the Shruti program with five government schools in the Thrissur District to support the state mandate to improve the health status of pre-school and school children through screening, diagnosis, and management of hearing impairment or defect. During the pilot, we screened over 1,132 children. Due to the demonstrated efficiency and effectiveness, full implementation has been approved under the Child Health Program.

In Delhi, many primary health centers operate in congested and crowded areas with limited infrastructure for ENT screening. ENT cases are referred to polyclinics or hospitals for even basic screening or treatment. Through the Shruti pilot, we established the feasibility of community-based screening where infrastructure is inadequate. During the pilot, we screened over 450 people at sites in Dwarka and Najafharh.

Punjab has the fourth highest rate of DALYs in the country for hearing disability. The pilot was focused on capacity building of community health workers, early screening and diagnosis in the community, patient access to treatment, and linking to the government health system. During the pilot, we screened over 4,500 people at five locations in Patiala City and Tarn Taran and established the adaptability of the Shruti program by community health workers.

IN FY20, WE PILOTED OUR NEWEST PROGRAM IN BANGALORE, INDIA

PRERNA LAUNCH

IN FY20, MEDTRONIC LABS LAUNCHED PRERNA - A COMPREHENSIVE HEALTHCARE DELIVERY MODEL FOR PEOPLE LIVING WITH, OR AT RISK FOR, TYPE II DIABETES, HYPERTENSION, AND CO-MORBID DISEASES. THE MODEL INTEGRATES SOCIAL AND CLINICAL INTERVENTIONS IN A GROUP-BASED SETTING, CLOSE TO HOME.

EARLY PROMISE FOR PRERNA

Since its launch, the Prerna model has developed the in-house expertise to deliver:

Clinical and technical training for community health workers

Diabetes and hypertension screening and lab testing via handheld diagnostics

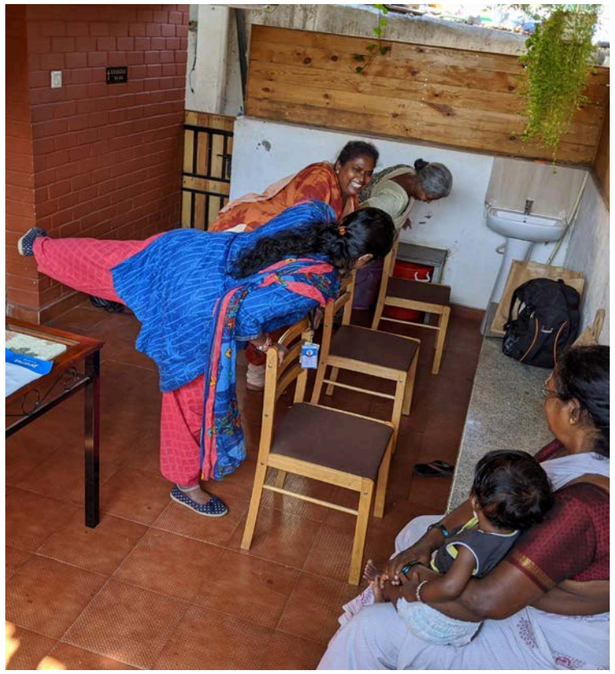
12-week curriculum focused on both social and clinical factors

Hands-on interventions to examine diet, improve physical activity, and alleviate stress

Doctor consultations and care management

Prescriptions and medication delivery

Ongoing comprehensive care following the core 12-week intervention



Addressing Social Determinants Through the Power of Groups

Prerna members meet in small groups with others who share their language, locality, and social context. Given the socially embedded nature of chronic disease, our work over the past year has been rooted in developing mechanisms to create socially relevant groups and tackle the underlying social determinants of health.

OUR FOCUS ON WOMEN

In its early stages, Prerna has focused on delivering care to women. In addition to maintaining single-gender groups for social comfort, our initial design research revealed that women were more likely to ignore chronic conditions as they care for their families. On the other hand, the application of diabetes -and hypertension-friendly diets while cooking for their families have far reaching effects improving the health of future generations. Following recent events and the disproportionate burden placed on women during COVID-19, our work seeks to provide special attention to this population.

Looking ahead...

The Prerna model is actively seeking engagement with partners such as NGOs, microfinance institutions (MFI), and employers. Our evidence and experience to date has shown that application of the group model in patients who are already connected with each other has increased effectiveness. Groups that originated from pre-existing social structures such as community churches have shown increased accountability, attendance, and have extended their learning experiences beyond Prerna sessions. In addition, MFI and employer investment in health has been shown to provide financial return in the form of increased productivity and retention.

PATIENT STORIES

VOICES FROM EMPOWER HEALTH

KWASI, AGE 65
KUMASI, GHANA

My wife and I have been battling hypertension and diabetes for years now. We used to get our medicines from a hospital that was far away. One day my sugar levels dropped, so my wife rushed me to a hospital. Nurses told me about a program they were offering to patients like us. Before I was discharged, we were enrolled into Empower Health. Now, whenever I check my glucose and BP, my doctor gets my readings. Sometimes we even get checks at home. The best part is the educational messages. Even though my wife can't read, she is able to interpret the pictures. Ever since we joined the program our health has improved. We now take our prescribed medicine from the doctor and anytime we check our glucose and BP levels the results put a smile on our faces.

MARY, AGE 52
NYERI, KENYA

I have been struggling with high blood pressure for a while. Since Afya Dumu launched in Nyeri County, I visit my local Health Center more regularly. When COVID became an issue in Kenya, I got very worried, however, I got the opportunity to join a virtual patient support group with Afya Dumu during this time. I am so grateful, we are learning a lot from this group- much more information on caring for my condition than I have ever received before. God bless you all!

VOICES FROM SHRUTI

GEETA, AGE 36
TAMIL NADUI, INDIA

I had hearing issues since I was a teenager, but didn't notice how much it was beginning to affect my daily life. After I had children I realized I couldn't hear them cry when I was in the other room. This made me so sad. One day a neighbor told me about a free Shruti ear screening camp. A technician at the camp explained that I had moderate hearing loss in one ear and severe hearing loss in the other. I thought I wouldn't have time or the money, but the Shruti technician helped me get a free trial and loan options for hearing aids. The first time I wore the hearing aid I had tears in my eyes - I can now hear the birds chirp and the sweet sound of my children's voices. I am also no longer a housewife. With my improved hearing I have been able to become a working woman.

RAMESH, AGE 45
BIHAR, INDIA

I couldn't do my day job properly because I was losing my hearing. After finding out at a Shruti screening that it was due to a perforated eardrum, I visited a doctor at the hospital who told me that I urgently needed surgery in both ears. A Shruti telecounselor explained my financial situation and the doctor was kind enough to give me a discount for my X-ray. I still couldn't afford the surgery though so I waited for many months. I shared my problem with the telecounselor who spoke with the doctor again and got me a 17,000-rupee discount to make the surgery affordable for me. I am thankful now that I have a healthy eardrum and can keep my daily wage job.

VOICES FROM PRERNA

LATHA, AGE 70
KARNATAKA, INDIA

I used to go to the government medical center just to get my medicine, but I could never get my blood sugar levels under control. After I joined Prerna and started taking my medicines regularly, my body feels much better. I saw other members in my group reducing their sugar levels and felt motivated. I told my Health Coach "just wait and see - in a few weeks everybody will clap for me!". I've made changes to my diet based on what the Health Coach tells us to eat and not eat. I used to drink tea with lots of sugar but I've stopped. Now I sleep well and my sugar levels are under control. The Prerna Doctor told me that I acheived a 22% improvement in HbA1c in 12 weeks.

VIMALA, AGE 45
KARNATAKA, INDIA

I'm happy that somebody is asking me about my health and checking up on me. When I used to go for a check up, nobody bothered to talk or listen to me. In Prerna sessions, I can talk as much as I want and the Health Coach listens to my concerns. I don't have to wait in line to see a doctor and when I'm with her she personally talks to me. That feels good. My body has changed too. I used to eat rice three times a day, but now I buy more fruits and vegetables instead. The Prerna Doctor told me that I acheived a 28% improvement in HbA1c in 12 weeks.

ALL NAMES AND PHOTOS HAVE BEEN CHANGED TO PROTECT PATIENT PRIVACY

OUR TEAM

We continue to promote diversity at every level of our organization with tangible results.

In FY20, we hired 47 new employees, bringing our total headcount to 95. Our hiring efforts were concentrated on bolstering our operations and continuing to expand our footprint in India, Kenya, and Ghana.

33
NEW HIRES IN INDIA

13
NEW HIRES IN AFRICA

1
NEW HIRE IN THE US

LEADERSHIP TEAM

Ruchika Singhal
Vice President, Medtronic LABS

Kaustubh Bhatnagar
Regional Head, Asia

Chemuttaai Lang'at
Regional Head, Africa

Anne Stake
Head of Strategy and Innovation

Hal Beckham
Head of Finance and Operations

91%
OF EMPLOYEES BASED REGIONALLY

INDIA

Shubham Agarwal
Prateek Ahuja
Rajni Anand
Atif Anzar
Anandha Kumar Balan
Saurav Banerjee
Kavinder Beniwal
Ankush Bhatnagar
Amartya Bhattasali
Ravindra Borude
Dinesh Chaudhari
Shashikant Chintamani
Nikhil D'Souza
Bhupendra Dalal
Dr. Shanthini David
Ankur Gautam
Laxmi Gore
Neeraj Gupta
Sanjay Gupta
Yogender Gupta
Kumari H
Vinay Hasija
Salman Jameel
Annapurna Janwadkar
Sharad Kadam
Snehal Kamble
Gaurav Rameshrao Karle
Akshay Kite
Praneeth Koppula
Vijay Kumar Korepu
Rahul Kumar
Satish Kumar
Sunil Kumar
Sonali Kumbhar
Priyadarshini L
Anjali Mahajan
Nilofar Mansuri
Jitendra Mishra
Rajnish Mishra
Sharwalik Mishra
Somnath Pandey
Chandan Paramanick
Shaitan Parmar
Ambika Parthiban
Matin A Bashid Patel
Nimesh R Patel
Ajay Pathak
Shahabaj Pathan
Amod Puranik
Ranjith Ragunathan
Reema Rai
Sanchi Sachdeva
Garima Sahai
Amit Saharan
Mohamed Samim
Hemant Sharma
Nidhi Sharma
Suresh Sid
Avishake Singh
Kulwinder Singh
Kunal Singh
Mary Sofia
Shrutikriti Srivastava
Jagdish Tiwari
Deepak Vaid
Surya Vasireddy
Divakaran Velusamy
Megha Yadav

KENYA

Eric Angula
Washington Dinga
Lucy Kaburu
Reuben Kangogo
Whitney Kepas
Alphy Korir
Purity Mugambi
Urbanus Musyoki
Catherine Muthoni
Jane Muthoni
Richard Nyakundi
Bonstein Sisa

GHANA

David Acheampong
Pearl Rainer Mensah
Gideon Nyamekye
Florence Obiri-Manu
Mary Oppong
Anthony Wambugu

USA

Victoria Davis
Megha Kosaraju
Lauren Leccese
Maggie Nielsen
Britt Pampuch
Kelly Shelden

LOOKING AHEAD

WE ARE RESOLVED TO WORK EVEN HARDER TOWARDS OUR GOAL TO IMPROVE THE LIVES OF 10 MILLION UNDERSERVED PATIENTS BY 2030

For the next one to two years we expect waves of cautious reopening and sudden closures as policymakers are forced to balance public health and economic concerns. We also expect COVID-19 to be an accelerator, not a change agent - rapidly advancing existing healthcare trends like the adoption of tele-health, the acceptance of community-based primary care, and the prioritization of mental health. Finally, despite stimulus packages and philanthropy, the pandemic will exacerbate the already stark and growing inequality, both between countries and within countries.

In this context, addressing the urgent needs of underserved patients is doubly important. Despite prolonged program stoppages and challenging market dynamics, we are confident that our strengths in digital health and community-based operations set us up well for the emerging future.

Three strategic directions guide our work in the coming year. First, we are strengthening our infrastructure. We will continue to build a solid foundation with our technology, data, and operations. Second, we are innovating for resilience. We need to be able to oscillate between sudden openings and closings with the ability to seamlessly “go remote”. Finally, we are making big bets for scale. Improving the lives of 10M patients will require financing and partnerships at a global level in addition to creative approaches to growth at the ground level.

We embark on our new fiscal year with mixed feelings. Pride in our progress over the past year. Resolve to work even harder towards our goal to improve the lives of 10 Million underserved patients by 2030. Sadness at the global set-backs and persistent injustice embedded in our economic and social fabric. And a steadfast hope that, together, we can get closer to our shared vision for health equity.

TOGETHER, WE
WILL GET CLOSER
TO OUR SHARED
VISION FOR HEALTH
EQUITY.

WWW.MEDTRONICLABS.ORG

MEDTRONIC
LABS

PUBLICATION TEAM:
ANNE STAKE
MEGHA KOSARAJU
LAUREN LECCESE