

D-Tree International Team Memo

“I have always been interested in helping advance the state of healthcare in resource-poor countries, but I have never taken into account the full spectrum of difficulties this involves. The material presented in class has helped me shape a better understanding of reality, and moreover realize that this reality is harsh and hard to change. It was rather rewarding to find companies who have managed to survive and deliver care in resource-poor countries. There is always the question of sustainability and scalability, but in many cases those questions were solved because of dedicated and passionate people. If normally one associates the healthindustry with a money-machine, I think in the resource-poor settings we see a healthindustry centered on the patient and not on the money, an industry devoted to helping those in need, to providing very good affordable care. The companies studied in class had some good takeaway lessons that can be applied in more technological advanced and resource-rich settings. After taking this class, I am personally charged with energy and motivation to help improve things in both resource-poor and resource-rich settings.”

This course was of a great insight for me to get a broader perspective of healthcare delivery in emerging markets, reflect and get new ideas of potential new businesses in the future ! I was impressed by the diversity of the business models learnt in class and the impact that each of these companies had on their local microcosm. These different organizations were capable to make a strong impact and bring added value to countries that were lacking financial resources, basic infrastructures and doctor coverage. The benefits of this class will be very high for me since I am planning to come back to my region in the mid-term and enhancing the access to healthcare delivery is one of my key objectives for the future. I used to work for big pharmaceutical companies in emerging markets, more particularly North Africa and access to innovative products/basic treatment had always been a major issue for the low and medium class population. I believe that the multinational organizations are still not sufficiently supportive to initiatives like the ones seen in classroom. Their financial resources are huge and it would be in their interest to partner more/really invest with local organizations in emerging markets rather than only looking at the bottom line. Resources of the different public institutions are indeed very limited in Africa/India and healthcare delivery used to be an out of pocket cost for population given the very limited reimbursement that people can get from the social security. I was very impressed by the capacity of some organizations to circumvent the economical/infrastructures limitation of the country by providing very sophisticated tools and innovative ways to tackle these issues. D tree study was a best in class example in a sense that this company was able to leverage on the boom of one industry, telecommunication, to train people that do not have a scientific background.

This class helped reach a key understanding that there is not one definitive model for delivering

healthcare in a developed or developing country. It is amazing that in both environments, expanding coverage and reducing the cost of care are at the forefront of major policy debates. As we saw in the Avavind and Narayana cases, scalable and self-sustaining businesses are indeed possible, but only if decisions are made at the start to focus on building a sustainable business. Examples of these decisions were: tiered pricing systems, perfecting delivery before scaling, and a focus on a single aspect of disease. Other organizations like Riders for Health and even our presentation organization, D-tree International, are focused on expanding coverage for many diseases and accept the need for donor funding to reach their goals. In both cases, people are willing and organizations are deployed to tackle solvable public health issues in the most underserved areas of the world. I intend to bring some of the lessons from this class such as: crystal clear vision, organizational focus, and purposeful use of technology into my own work after finishing my education at MIT Sloan.

“I had been focusing on improving the quality and cost effectiveness of existing and matured medical services in Japan by working for GE Healthcare Japan. At the same time, I knew that GE Healthcare was trying to tackle to improve three key areas in healthcare industry, 1) Cost, 2) Quality, and 3) Access. In Japan, Access is not a serious issue, but I was aware that the importance of Access would be the critical factor in many developing countries. Having said that, I had little knowledge about the status of healthcare service there.

I realized that understanding global healthcare industrial trends should be critical to be a global leader and eager to learn it. My intention was to grasp the current world trends, but actual learning was beyond my expectation. I could sense vivid dynamism of actual entrepreneurial challenges in many countries through cases. Especially, an interview with CEO of D-Tree International was so great opportunity to feel how he thought and what his philosophy was. The opportunity we had in this course was tremendous to have concrete and profound insights about how to incubate and develop sustainable business model under the severe circumstances without plenty of resource and infrastructure”

“This course helped me understand better the challenges in global health and the extent to which many of these challenges *should* be solvable, given appropriate deployment of resources. Most of the health conditions plaguing under-resourced settings are not as a result of the treatments/vaccines/technology not being available, but rather a problem of getting the necessary products to the patients in need. Sometimes this is due to a lack of human resources – not enough trained healthcare workers in the right areas – and other times due to a lack of capital resources or infrastructure – the roads and vehicles are in poor condition, the cold-chain is not available, etc. While it seems noble to toil in the lab to solve as-yet medically unsolved problems – permanent cure for cancer, vaccine against hepatitis C, etc. – it strikes me as even more worthwhile to work to get the already-solved problems to be solved in all areas. What was particularly interesting to learn is the many models in which this can be done: franchising vs. enterprise, for-profit vs. not-for-profit, risk-group-targeted vs. geographically-targeted, etc.”

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