

GlobalHealth Lab  
**class 15 Healthcare  
delivery challenges and  
opportunities**

Spring 2013

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and colleagues

# Plan for today

- What have been our key questions?
- Trends in Global Health: an idiosyncratic view
- Research on sustaining scale
- Reflection
- Coming up:
  - Poster submission today
  - Final host deliverables, thank you letter. Cc us!
  - Finale in last class

# Trends in global health

- Funding
- Disease focus
- What people are working on, doing
- Technology
- Management and data
- My own wishlist

# Trends in global health:

## **Funding shifts**

- Reductions in OECD bi- and multilateral support
- Increase in LMIC government spending
- Cost-sharing pressure for non-governmental sector (including academic)
- New roles for corporates
- Crowd-funding, Kiva; other innovations in distributed giving
- What will Gates do next?
- Pay for performance, results-based financing

# Trends in global health:

## Disease focus

- NCDs, esp cardiovascular disease, diabetes, cancer, surgery; mental health
- Maternal health
- Prevention
  - Treatment as prevention
  - Diabetes, obesity
  - Respiratory illness
  - Smoking
  - Nutrition
- Health, not medicine
- Universal care

# Trends in global health:

## What people are doing

- Frugal, inclusive innovation
- Learning collaborations
- Public-Private Partnerships, shared value
- Design-y things, hackathons
- Competitions
- Entrepreneurship/startup support (incubators, trainings, hubs, etc)
- Leadership development
- Franchise (McDonalds & Coca-Cola inspired)

# Trends in global health:

## **Technology**

- Diagnostics, adherence
- mHealth
- eHealth
  - Telemedicine
  - EMRs
- Wither open-source?
- Design
- Frugal/robust, appropriate

# Trends in global health: **Management and data**

- dashboards
- management training
- Job design
- Process improvement



# My Global Health wishlist

- A really useful management toolkit
  - Practical tools, approaches, methods
  - Include the unglamorous: cost accounting, service quality, efficiency measures
  - Address common challenges
  - Linked to each other
  - Evidence of value in use
  - Means for sharing and updating the knowledge base
- Add in process innovation (link to scale, value, org/program sustainability) and harness
  - Service design thinking
  - Systems thinking
- Framework for understanding sequence, trajectories of organizations (c.f. startups)
- Better theories, science

# World Bank President Jim Yong Kim

*The enormous investments that have been made in global health should have led to what we might have called a science of implementation and execution, but this has not happened. In the US and developed world health-care systems, we focus so much on discovery, on the basic science of disease, and the development of new treatments. We have just not focused on the enormous complexity of delivering health care in a way that keeps people healthy – that provides high quality health care at low cost.*

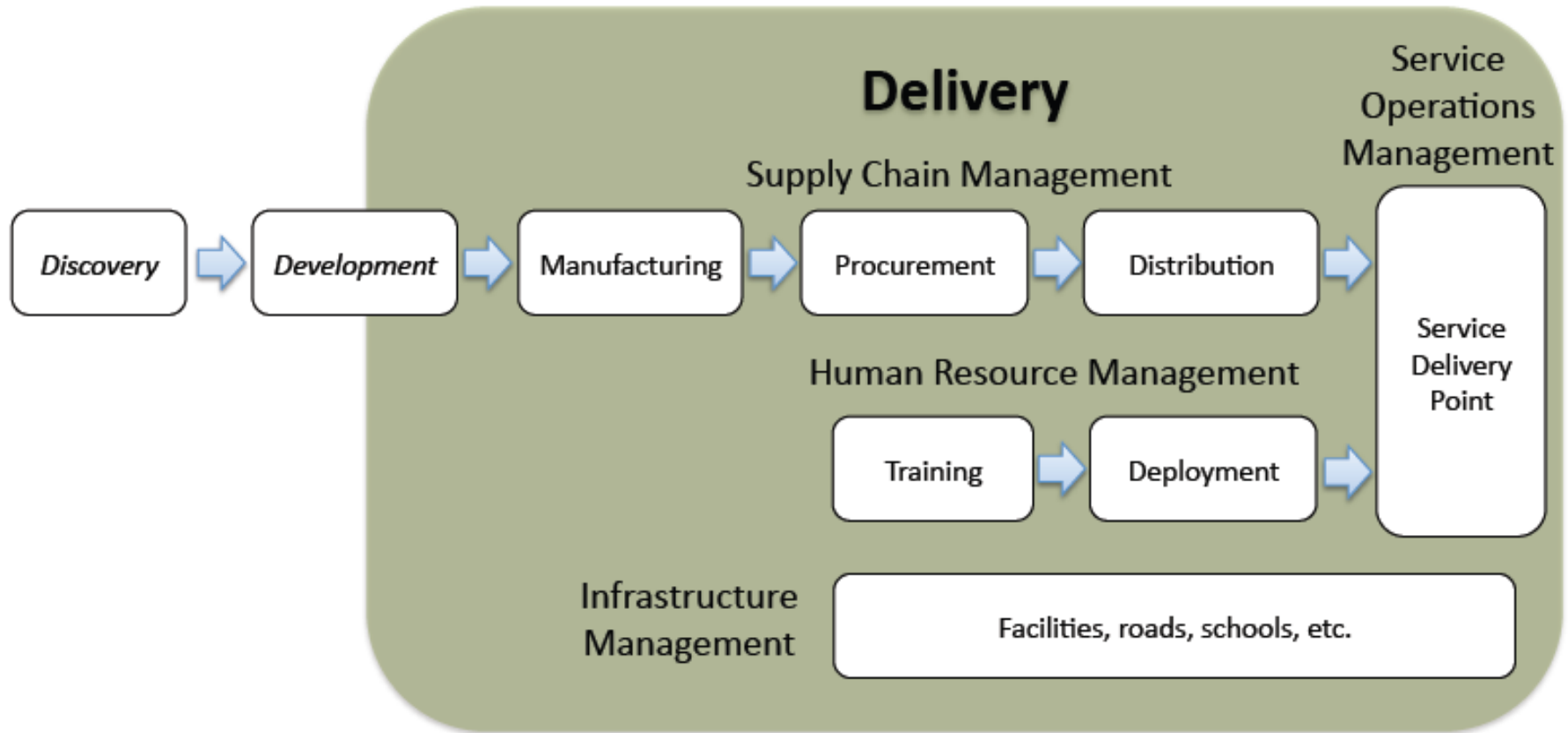
Courtesy of Elsevier, Inc., <http://www.sciencedirect.com>. Used with permission.

# the implementation bottleneck

- Vaccines
  - Primary Health Care
  - Drug therapies
  - Maternal Child Health Care
  - Basic Surgery
- New Developments:**
- Microbicides and other preventive tools
  - New malaria and TB drugs, diagnostics
  - New combination therapies
  - Drugs for neglected diseases
  - >10 new vaccines

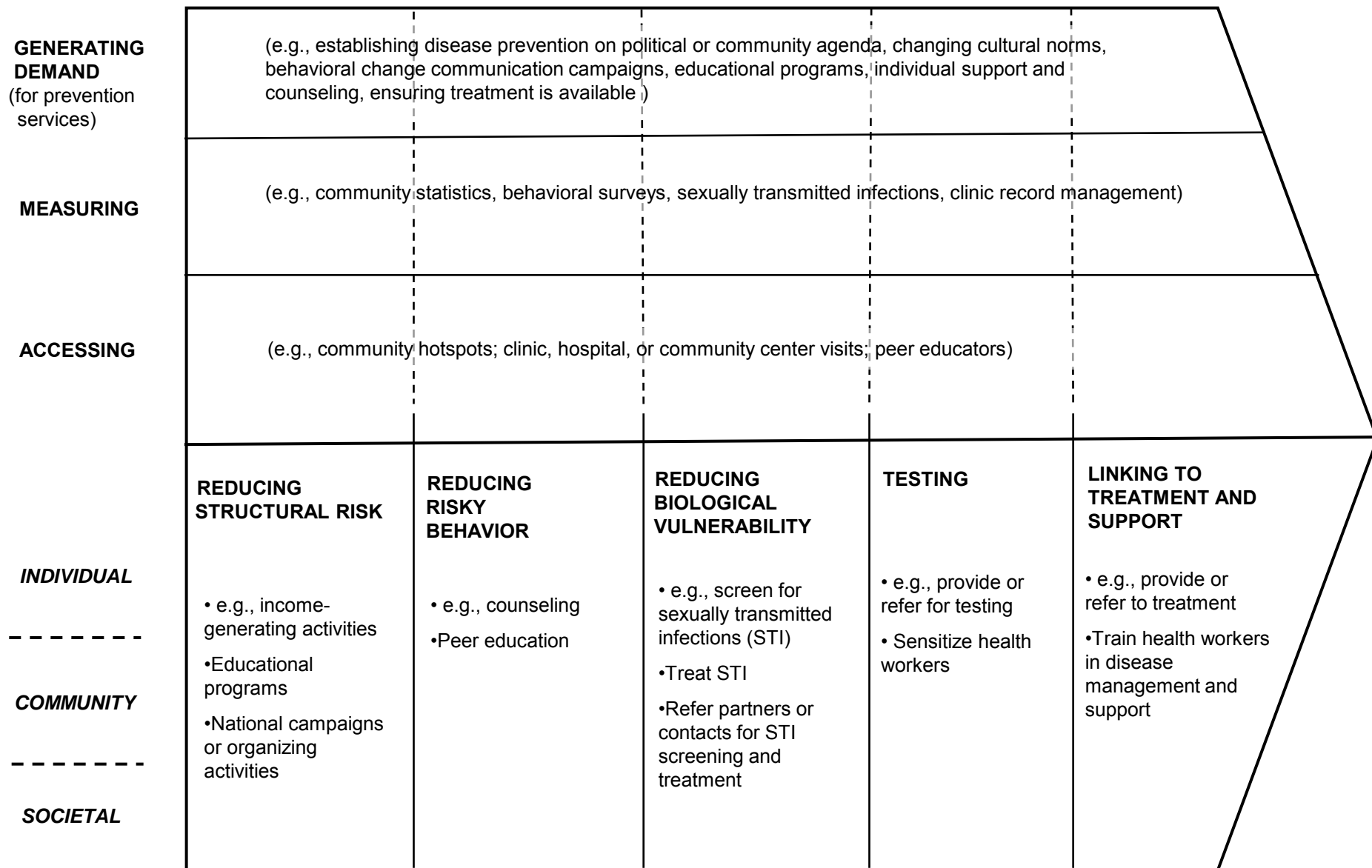


# Health Delivery Management

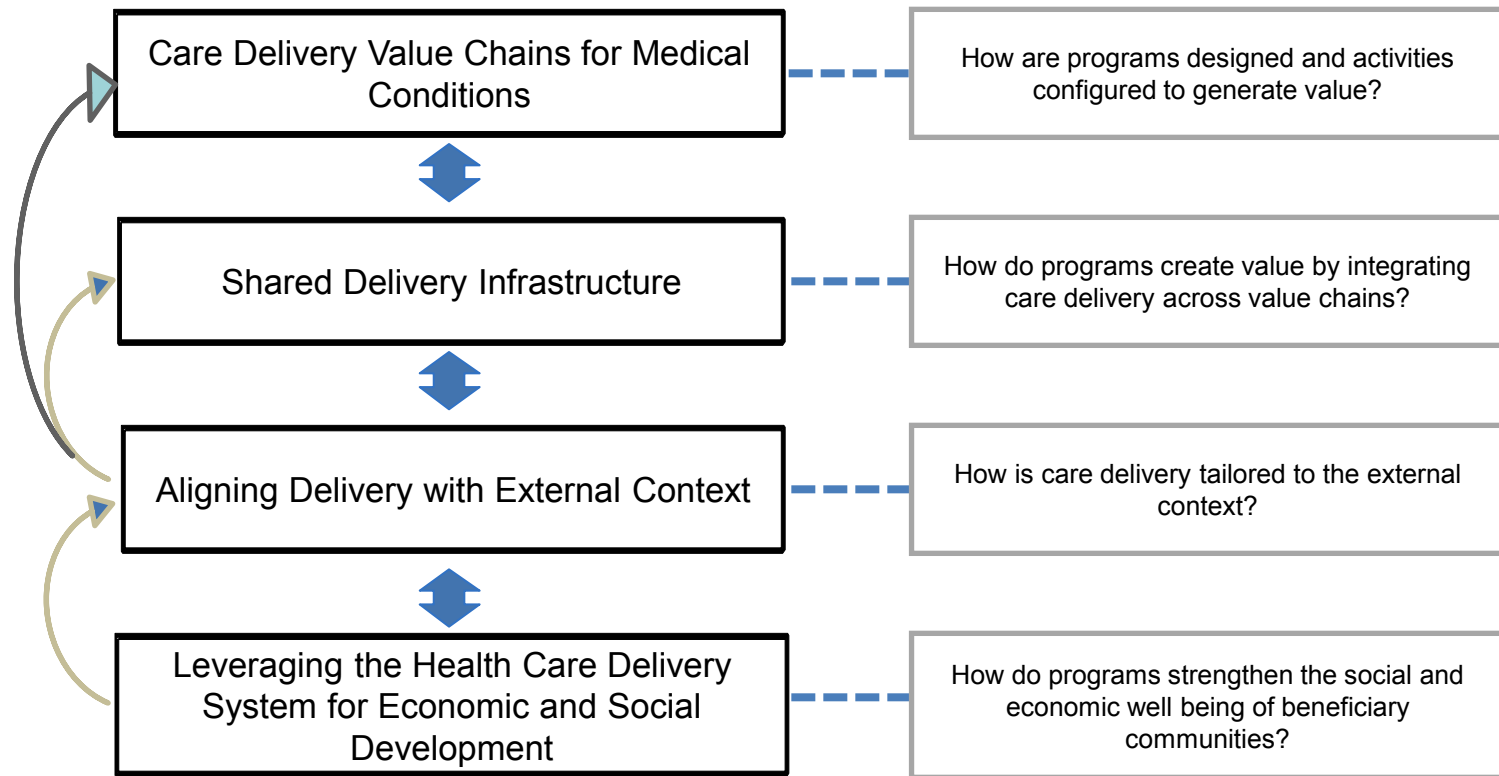


Courtesy of Jarrod Goentzel. Used with permission.

# Care Delivery Value Chain



# A Strategic Framework for Global Health Care Delivery



**strategy**

**management**  
*organization and  
coordination of the  
activities of an  
enterprise in  
accordance with  
certain policies and in  
achievement of  
defined objectives*

**operations**  
*deliver materials,  
information,  
money, other  
resources*

**value**

**actors**

**activities**

**capabilities**

**CONTEXT**

# **What works, for scale and sustainability?**



# Ways to Scale

## **Quantitative**

*Drawing increasing numbers of people into their realm*

## **Functional**

*Adding new activities to organizational range*

## **Organizational**

*Increasing efficiency and effectiveness*

## **Political**

*Moving beyond service delivery toward empowerment*

Adapted from Uvin, P. and D. Miller (1996). "Paths to scaling-up: alternative strategies for local nongovernmental organizations." *Human Organization* 55(3): 344-354.

# Relationship between Strategy and Typology of Scale

## Quantitative

*Drawing increasing numbers of people into their realm*

- expanding in size through increasing membership base, constituency, catchment area, or budget

## Functional

*Adding new activities to organizational range*

- expanding the range of activities

## Organizational

*Increasing efficiency and effectiveness*

- Increasing organizational strength to improve effectiveness and efficiency of activities

## Political

*Moving beyond service delivery toward empowerment*

- attempting to alter context and the socio-political-economic environment

Adapted from Uvin, P. and D. Miller (1996). "Paths to scaling-up: alternative strategies for local nongovernmental organizations." *Human Organization* 55(3): 344-354.

# loveLife, South Africa

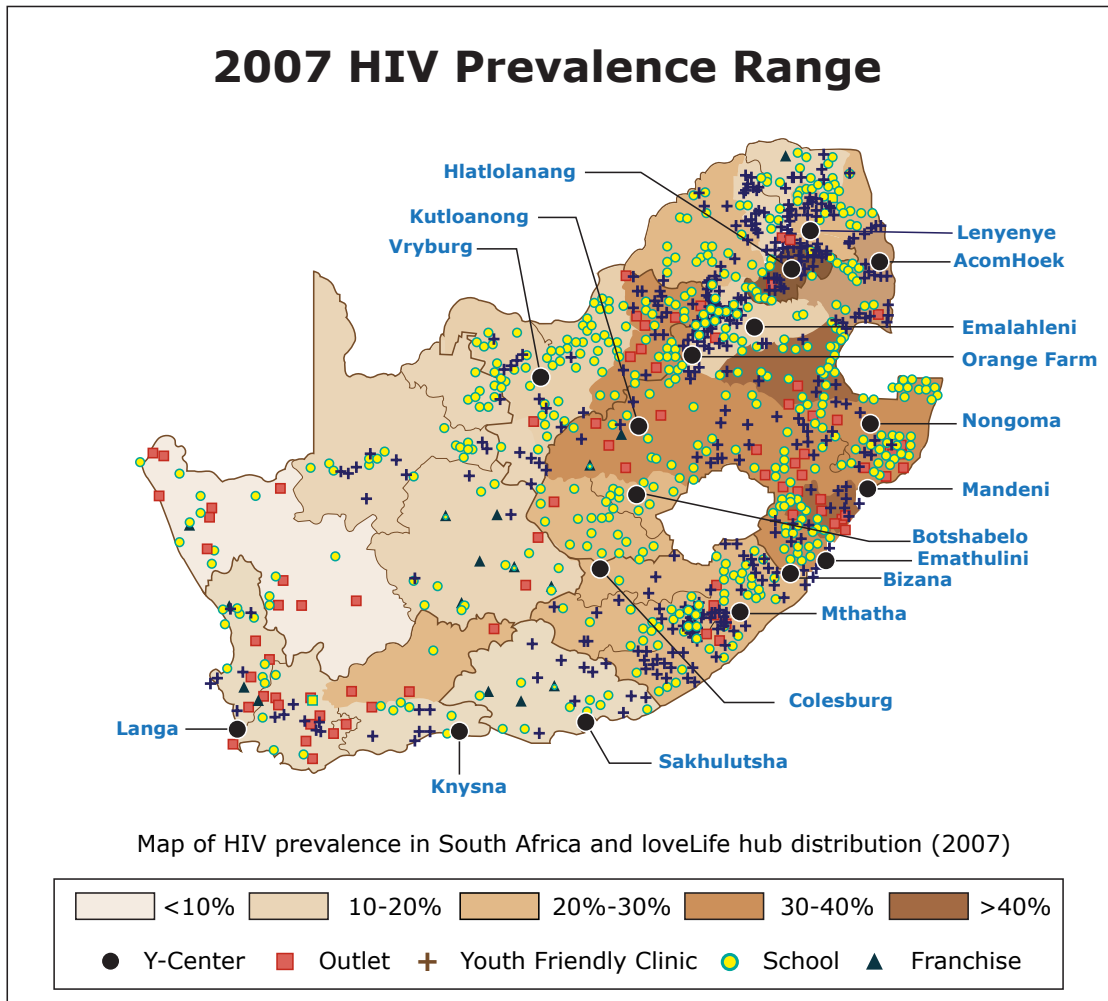


Image by MIT OpenCourseWare.

loveLife: <http://www.lovelife.org.za/corporate/>

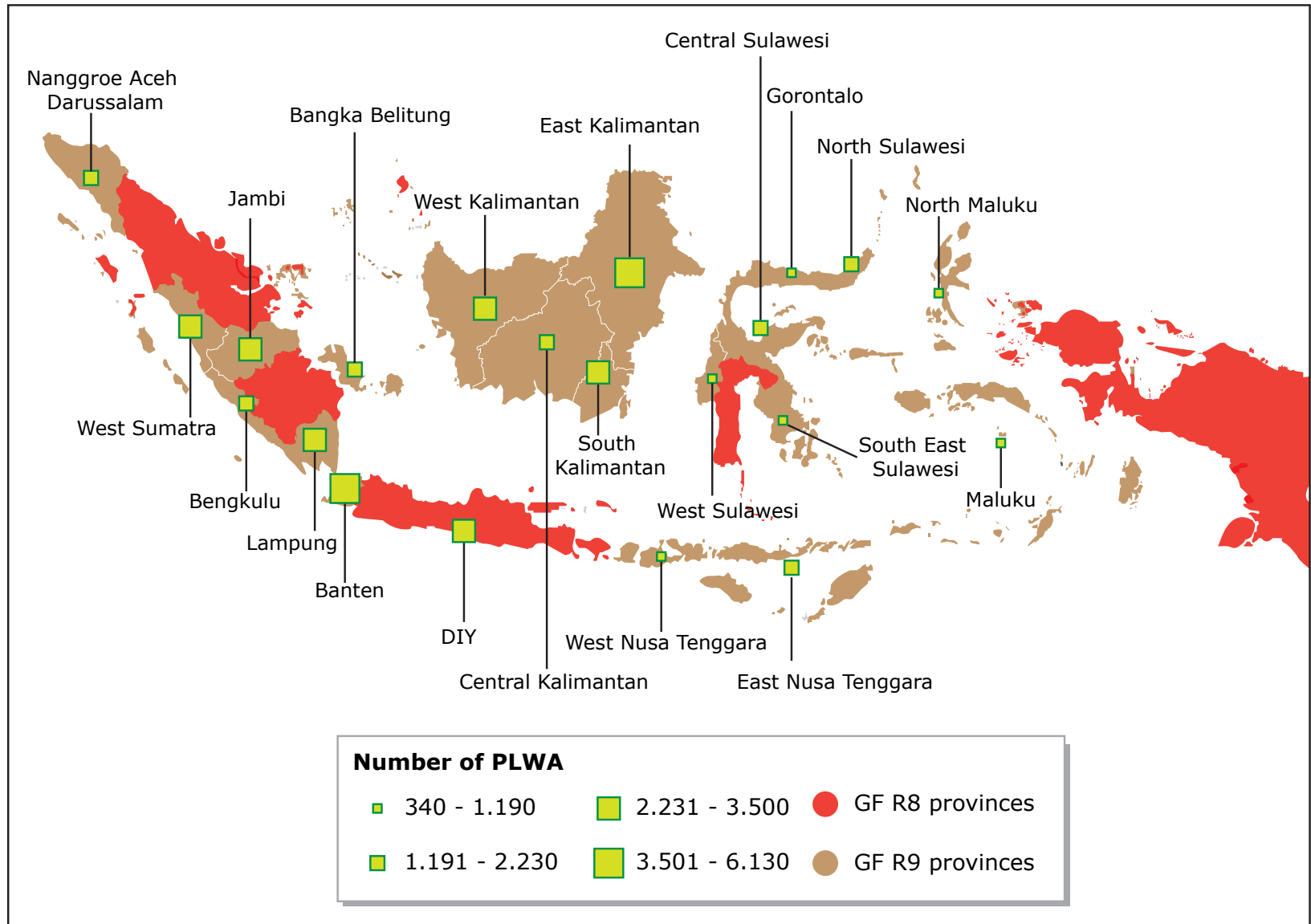
# Brazil: Delivering HIV Px in a Decentralized Health System



Photographs (left and right) courtesy of Ministério da Saúde on Flickr.

FiqueSabendo: <http://sistemas.aids.gov.br/fiquesabendo/>

# Indonesia: HIV Px in 14,000 islands



# Voluntary Medical Male Circumcision in Kenya

Image of VMMC logo and photograph of Kenyans outside of clinic removed due to copyright restrictions.

VMMC: [http://www.nascop.org/nascop/voluntary\\_medical\\_male\\_circumcision.html](http://www.nascop.org/nascop/voluntary_medical_male_circumcision.html)

# Avahan, HIV Px at Scale in India

- **Political**

*Moving beyond service delivery toward empowerment*

Map of India removed due to copyright restrictions.

“Avahan—The India AIDS Initiative: The business of HIV prevention at scale.”  
Bill & Melinda Gates Foundation. New Delhi, India. 2008.

# Key management activities by stage

<b>Stage one:</b> <b>establishing</b> <b>direction</b>	<b>Stage two:</b> <b>entering the</b> <b>field</b>	<b>Stage three:</b> <b>enabling</b> <b>ongoing</b> <b>operations</b>	<b>Stage four:</b> <b>engaging</b> <b>change</b>
Define strategy	Understand the market	Monitor and respond to “fit”	Respond to shifts in social and health context
Set timeframes and goals	Design and implement services	Develop human capital	Evolve as dictated by organization’s size and age
Set initial funding	Nurture a culture of performance	Add/drop/change activities	Adapt to new technology
Establish founding relationships	Build legitimacy	Negotiate, collaborate with others	Export what works



**You're a manager who's been  
busy doing these activities.  
*What does it get you?***

# Capacities, assets, and capabilities

- Money in the bank
- Human skills
- Refined protocols, clinical knowledge
- Inventory management expertise
- Social capital

# Using “social capital” as a starting point: three distinct aspects (partial example)

service fit:  
appropriateness  
for customers

quality of  
service  
delivered

advertising

word of  
mouth

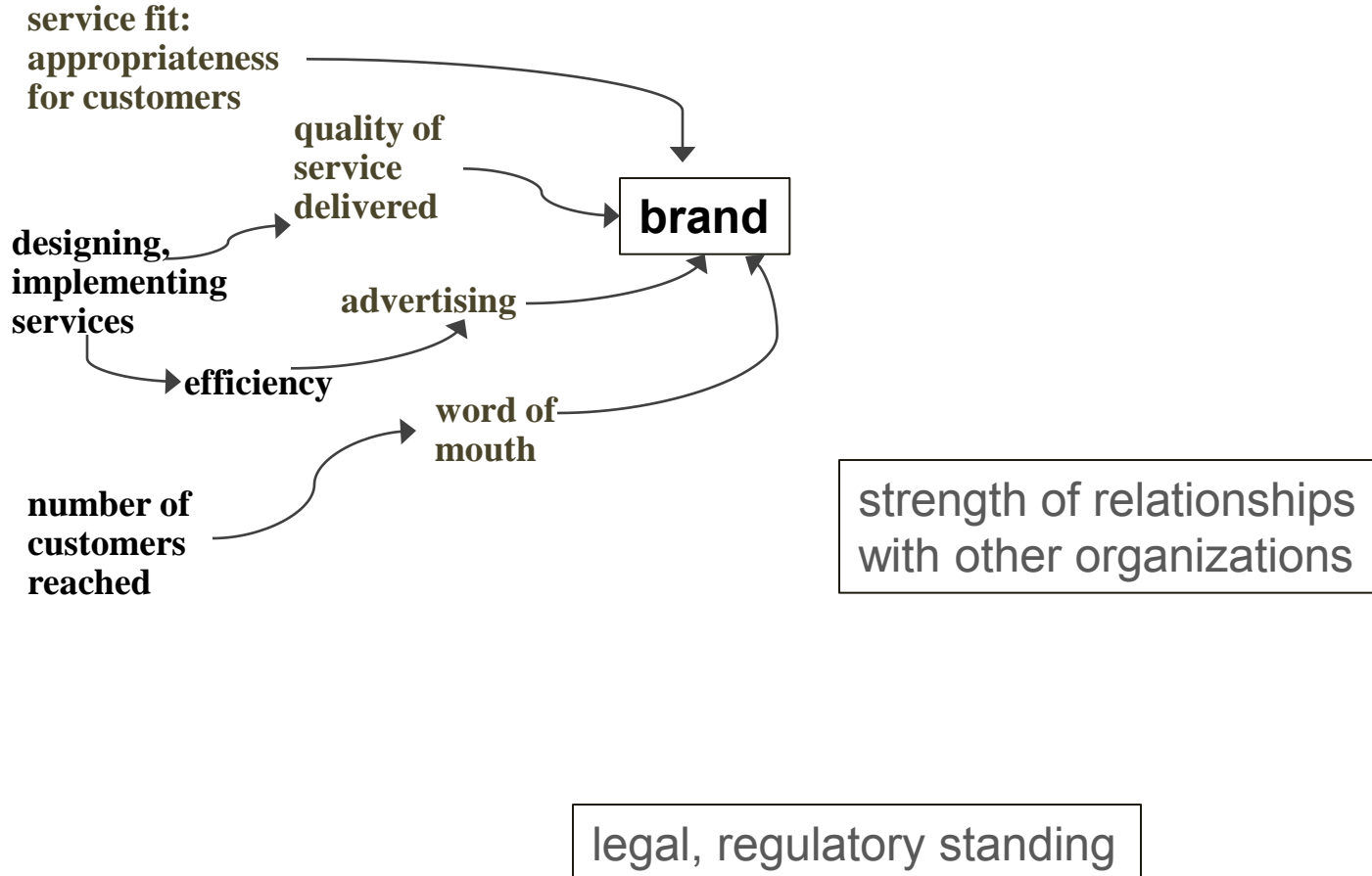
**brand**

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graph LR; A[service fit: appropriateness for customers] --> B[brand]; C[quality of service delivered] --> B; D[advertising] --> B; E[word of mouth] --> B; F[strength of relationships with other organizations]; G[legal, regulatory standing];
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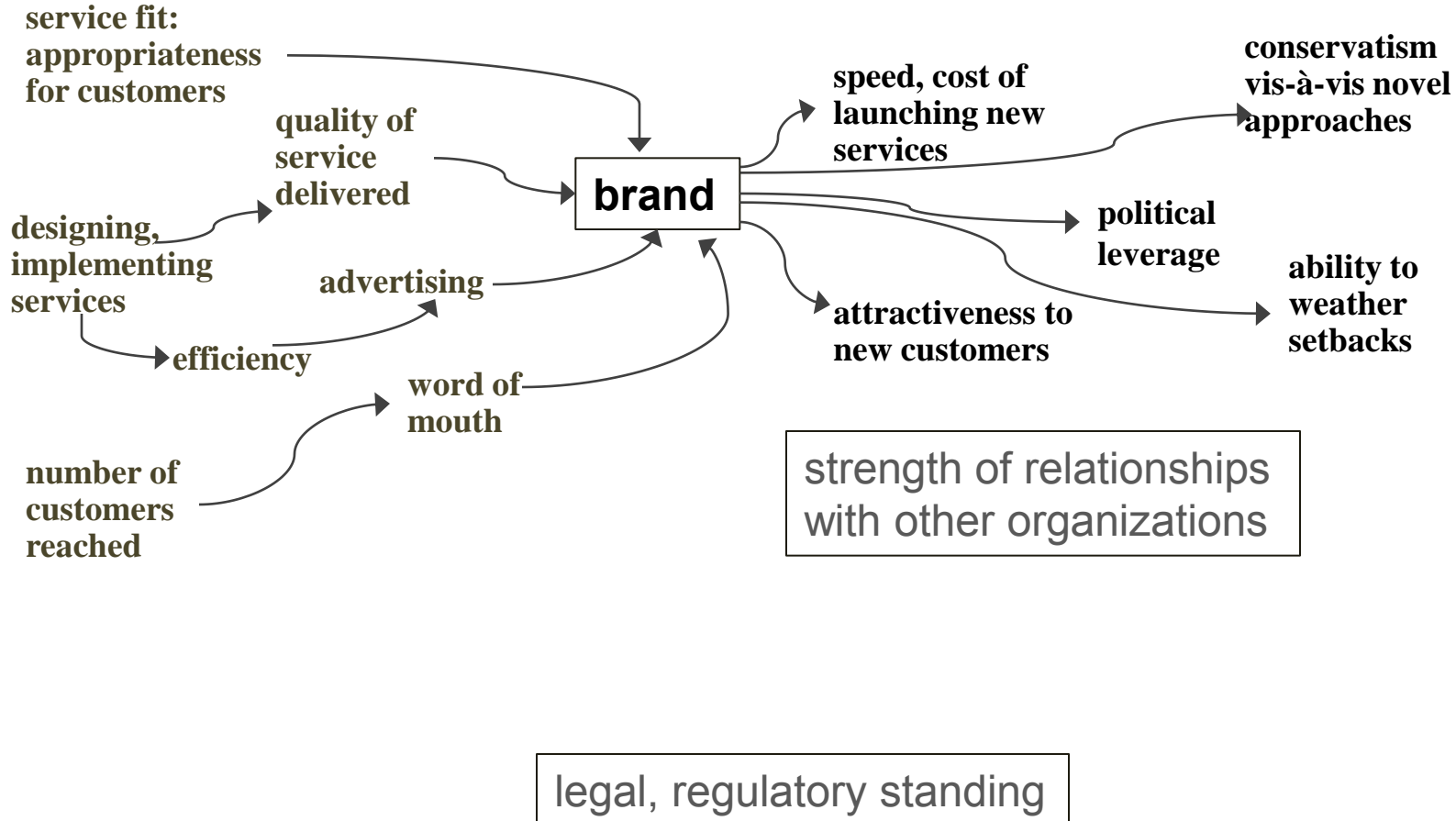
**strength of relationships  
with other organizations**

**legal, regulatory standing**

# Using “social capital” as a starting point: Contributors to brand strength



# Using “social capital” as a starting point: Consequences of brand strength



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