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SIP Course Response

Mapping the Innovation Landscape for Global Health to Deliver Targeted Advice to an Organization

Having witnessed various health inequities amongst my own extended family in India, I was motivated to enter global health from a young age. Prior to Sloan I had worked to strengthen health policy, delivery, and private sector collaboration in a variety of settings. From a high-rise non-profit consulting firm in Manhattan to a rural clinic in Uganda to a UN distribution center in Ecuador, my work provided ample opportunities to problem solve with global stakeholders. After noticing the lack of global health programming at Sloan, I connected with Professor Anjali Sastri and together we were able to plan a short but dense three-day core crash course in the challenges facing healthcare delivery in emerging markets.

Our aim was threefold:

1. Collaborate with an established global health organization that's currently implementing an innovative intervention on the ground
2. Develop a network of relevant experts, both in and outside of MIT, to provide a unique perspective regarding the challenges facing our NGO
3. Expose Sloan students to various trends in global health and aid them to understand the nuances of working within a resource-constricted environment

The first day of the course began with an overview of the modern global health landscape. Even with field experience in international development, I was still shocked by the vast disparities in maternal death rates between the US and many developing nations. We then addressed implementation gaps in care and utilized graphic visualizations to emphasize the concentrations and pervasiveness of health inequity. To my surprise, the class was able to digest the material quickly and actively engaged with Professor Sastri on how to tackle such convoluted problems. We discussed potential barriers to healthcare access, pharmaceutical distribution and collecting reliable data in resource-constricted environments.

Next, the class dove into a curated library of global health readings in order to gain a foundation in which to draw insights on topics affecting our partner healthcare organization, Sangath. We included articles that not only described the drivers affecting health outcomes, but also offered insight on the underpinning political and social contexts that exacerbated systemic faults. Following a highly ambitious literature review, which included over a hundred and fifty articles, Professor Sastri and I selected a series of pieces that would both anchor the class in real-world data and provide much needed context for students unfamiliar with the global health arena.

The articles included a variety of topics, ranging from predicting global trends in health care (i.e. Lancet: Global Health Trends: Global Health 2035); describing the national healthcare system in India (British Medical Journal: National Standards of Care Quality Would Enable Health Coverage for All); as well as articles addressing mental health challenges faced within the region (National Bureau of Asian Research: Media and Mental Health: Breaking Down the Stigma and Challenging Inaccuracies). One article that resonated strongly within the class was an editorial from the Lancet (The Health of India: A Future Devoid of Caste); we discussed how India's new Prime Minister must address cultural inequities engrained within the culture in order to effectively institute health reform. Through the articles, we wanted to disseminate knowledge quickly and efficiently; thus we broke off into pairs to synthesize key take-aways from the assigned articles and presented our findings to each other.

The rest of the course focused on working with Sangath to understand their challenges and offer guidance from an outside perspective. Sangath is a non-profit that leverages community resources to expand physical, psychological and social therapy for patients in India. The organization began in Goa as the city's first multi-disciplinary childcare clinic; it is now the city's largest and most successful health-related NGO. We introduced the class to their mission by watching a TED talk from Vikram Patel, one of Sangath's founders. ([http://www.ted.com/talks/vikram\\_patel\\_mental\\_health\\_for\\_all\\_by\\_involving\\_all?language=en](http://www.ted.com/talks/vikram_patel_mental_health_for_all_by_involving_all?language=en)) Mr. Patel developed an innovative solution in a system with limited service providers by teaching ordinary people to deliver basic psychiatric services. This is especially important in India, which only spends .94% of GDP on public healthcare (which is among the one of the lowest rates in the world).

During the second day, the class began with a brief introduction to the Indian healthcare system. We discussed the major burdens of disease, inefficiencies that reduce the effectiveness of healthcare expenditures, and the devastating poverty that exists within the nation. Though mental health disorders are a taboo subject in India, I was surprised to learn that depressive disorders actually had the fourth largest health burden on its citizens, as measured by disability-adjusted life years (DALY). We then divided into small groups where they were instructed to schedule interviews from our network of industry professionals. Our goal, though ambitious, aimed to develop Sangath's strategies relating to the following focus areas: maternal mental health, child development and disability, addiction, and aging.

Professor Sastri and I mined through our personal and professional networks to contact over three-dozen experts in order to provide an eclectic and talented cohort of advisors. Given the large breadth of topics covered through Sangath's challenges, the specialists ranged from MIT professors to CEOs of mobile health companies to maternal health specialists. Perhaps the most difficult part of helping plan this course was aligning the schedules of each expert to enable our student teams to conduct the interviews and speak remotely with Sangath employees in India. While juggling time differences and technical difficulties, we

were able to foster collaboration, conduct on-site interviews, and engage students with public health workers, professors and tech industry veterans.

My group focused on the human-centric challenges of leveraging technology to mitigate the effects of alcohol addiction in Goa, India. Although we were initially able to brainstorm several ideas on how smart phones could help to control addictive behavior, we soon realized the systemic limitations of working within the impoverished community. After interviewing multiple social entrepreneurs, our conversations suggested a strong preference for identifying the traits of our target consumer and having our application have a clear value add to the beneficiary. Furthermore, the solution should be designed with help from the front line workers, both during conceptualization and product roll out. In my experience, health care workers are more likely to uptake a device or system if they have been involved in its development.

Each team had an opportunity to present their solutions on the final day of the innovation period to each other and Dr. Stoner, an authority in energy technology and policy. I was continuously impressed by the level of foresight found among my peers and their diversity in approach. Each group acknowledged local considerations and were able to adapt their recommendations to the Indian context without prior first hand experience. For example, one group working to alleviate dementia complications highlighted the importance of developing applications for low-cost phones that utilized volunteer health workers instead of caregivers given the limited Internet and healthcare access in their target area. Another group developed a plan to employ call centers in order to screen communities with low literacy rates for mental disorders. I would have never thought automated technology could potentially have a profound effect in reducing mental health stigma in rural India.

Though the class was short and relatively small in size, the discussions were insightful, interactive, and fueled by statistics and empirical evidence. I enjoyed watching my classmates develop unique interventions after only a brief exposure to issues that have been driving my professional career for the past decade. Based on the positive ratings we received after the course, it seems the students found the course useful as well! Most of all, I genuinely appreciated the opportunity for Sloan students to utilize a business toolset in order to contribute to a global health non-profit in a meaningful manner. Given our access to health specialists, cutting-edge research at MIT, and business professionals, we were uniquely positioned to provide the NGO useful insight to their challenge areas. My hope is that Sangath found our recommendations as useful as we found the process of developing them.

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