15.232 Business Model Innovation: Global Health in Frontier Markets

Class 5

Strategy Workshop
Today’s plan

• Avahan redux
• Quick feedback and reflection
• What is strategy?
• Team workshop on strategy. Turn in one set of materials per team.
• Coming up: SMS for Life; collaboration with private sector.
Avahan’s Design (2003-2009)

Focused Prevention (57%)
High Risk Groups in 6 States
Female Sex Workers, HR-MSM, IDUs
Male Clients of Sex Workers
Truckers on National Highways, Hotspots in 6 States

Communications for Social Norm Change (3%)
Advocacy (7%)
Best Practices Transfer (18%)
M&E, Knowledge Building, Dissemination (15%)

The Prevention Package
• Outreach, BCC
• Commodities (condoms, lubricants, needles)
• Clinical services for STIs + counseling
• Case managed approach to referral - TB, HIV testing, ART
• Local advocacy – police sensitization, crisis response, community advisory committees
• Community Mobilization

As Avahan reached its peak operations, what had it accomplished?

- List on board: coverage, conversations with all kinds of stakeholders, advocacy (local to global), rights, participation/voice, violence prevention, partnerships, funding, research, CMP, place at the table

- then discuss: how did it do this?
  - highlight the layered structure. how did Avahan make this work?
  - need DATA and then to RESPOND to data
  - frontline workers, local CBOs
  - microplanning innovations, linked to data collection too (see next)
  - “denominator” thinking, not just volume trends, needed for SCALE (foreshadow the evolution from volume to coverage to value)
  - field visits, info flow (governance/management challenges: did Avahan really strengthen the middlemen SLPs when they went right to the field?) why did they do that?
  - failures tolerated but then if no learning/improvement, contracts not renewed

- what’s your assessment of the impact of these accomplishments? how to MEASURE this performance?
  - (at this point, just coverage, not incidence, so the jury is still out, but the coverage growth was impressive). ask students to link performance to the “how” responses above, if relevant to drill down at this point—how did the performance come from their activities & approach?

- what was distinctive about their approach?
  - reiterate or quickly review points above, add any missing (may be able to skip this). goal: flag what was most innovative/unconventional
  - what did they choose not to do/what tradeoffs did they make?
  - if it hasn’t already come up: issue with baseline data and showing impact of Avahan on incidence. Discuss: is this approach a gamble? did it pay off? what if things had gone differently? Note: references at end of last deck to explore this much more.
Avahan’s innovative use of peer educators

Many SLPs developed similar microplanning tools for their programs. (Bottom left) These cards were developed by the University of Manitoba and KHPT, and are designed to help peer educators working with highly migratory FSW. (Bottom right) Peer educators aggregate the data from their cards into charts to track their community members’ behavior change over time.
INDIA ANC Prevalence Data 2003 and 2007


Source: NACO’s Sentinel Surveillance data: ANC sites (2003 and 2007)
Feedback and reflection, please

Please complete the paper form. On the reverse, in addition to your own reflection, please also tell us one thing about your background or goals that a class guest might want to know e.g. your work experience; how you aim to use what you are studying in your future career or current academic or extracurricular work.
Working definition of strategy

An integrated, coherent set of policies that sets out to reinforce a program’s most important strengths and address its most important weaknesses; defined by the choices around how to conduct the activities within the value chain.

Strategy in health care

- Universal coverage and access to care are essential, but not enough
- The core issue in health care is the value of health care delivered

Value = Patient health outcomes per unit of cost

- How to design a health care system that dramatically improves value?
- How to create a dynamic system that keeps rapidly improving?
HOW DO YOU MEASURE VALUE?
HOW DO YOU CREATE VALUE?
Framework for global health delivery

I. Care Delivery Value Chains for Medical Conditions

II. Shared Delivery Infrastructure

III. Aligning Delivery with External Context

IV. Leveraging the Health Care System for Economic and Social Development

Supporting Public Policies
Three strategy tools

• Value chain
• Value proposition
• Core values: the “why” mission
Mapping the Care Delivery Value Chain

Value is created across the activities during the “care cycle”

The care delivery value chain captures:
  – All activities involved in delivering a service
  – Their associated costs
  – Their collective effect on patient value
<table>
<thead>
<tr>
<th>INFORMING AND ENGAGING</th>
<th>MEASURING</th>
<th>ACCESSING</th>
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<tbody>
<tr>
<td>PREVENTION &amp; SCREENING</td>
<td>DIAGNOSING &amp; STAGING</td>
<td>DELAYING PROGRESSION</td>
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<td></td>
<td>INITIATING THERAPY</td>
<td>ONGOING DISEASE MANAGEMENT</td>
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<td>MANAGEMENT OF CLINICAL DETERIORATION</td>
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Care Delivery Value Chain

Patient Value

(Health outcomes per unit of cost)
**The Care Delivery Value Chain for HIV/AIDS**

<table>
<thead>
<tr>
<th>INFORMING &amp; ENGAGING</th>
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</thead>
<tbody>
<tr>
<td>Prevention counseling on modes of transmission on risk factors</td>
<td>HIV testing for others at risk</td>
<td>Meeting patients in high-risk settings</td>
<td>Connecting patient with primary care</td>
<td>Formal diagnosis, staging</td>
<td>Initiating therapies that can delay onset, including vitamins and food</td>
<td>Managing effects of associated illnesses</td>
<td>Identifying clinical and laboratory deterioration</td>
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</tr>
<tr>
<td>Explaining diagnosis and implications</td>
<td>HIV testing for others at risk</td>
<td>Primary care clinics</td>
<td>Identifying high-risk individuals</td>
<td>Determining method of transmission</td>
<td>Treating co-morbidities that affect disease progression, especially TB</td>
<td>Managing side effects</td>
<td>Initiating second- and third-line drug therapies</td>
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</tr>
<tr>
<td>Explaining course and prognosis of HIV</td>
<td>CD4+ count, clinical exam, labs</td>
<td>Clinic labs</td>
<td>Testing at-risk individuals</td>
<td>Identifying others at risk</td>
<td>Improving patient awareness of disease progression, especially TB</td>
<td>Determining supporting nutritional modifications</td>
<td>Managing acute illnesses and opportunistic infection through aggressive outpatient management or hospitalization</td>
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<tr>
<td>Explaining approach to forestalling progression</td>
<td>Continuously assessing co-morbidities</td>
<td>Testing centers</td>
<td>Promoting appropriate risk reduction strategies</td>
<td>TB, STI screening</td>
<td>Improving patient awareness of disease progression, transmission</td>
<td>Preparing patient for end-of-life management</td>
<td>Providing social support</td>
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<tr>
<td>Explaining medical instructions and side effects</td>
<td>Lab evaluations for initiating drugs</td>
<td>Primary care clinics</td>
<td>Modifying behavioral risk factors</td>
<td>Pregnancy testing, contraceptive counseling</td>
<td>Connecting patient with care team</td>
<td>Preparing patient for end-of-life management</td>
<td>Access to hospice care</td>
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<tr>
<td>Counseling about adherence; understanding factors for non-adherence</td>
<td>Managing complications</td>
<td>Primary care clinics</td>
<td>Creating medical records</td>
<td>Creating treatment plans</td>
<td>Connecting patient with care team</td>
<td>Primary care, health maintenance</td>
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<td>Explaining co-morbid diagnoses</td>
<td>HIV staging, response to drugs</td>
<td>Primary care clinics</td>
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<td></td>
<td>Primary care clinics</td>
<td>Pharmacy</td>
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<td></td>
<td>Pharmacy</td>
<td>Hospitals, hospices</td>
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(Health outcomes per unit of cost)
## Avahan’s Prevention Delivery Value Chain for Female Sex Workers

<table>
<thead>
<tr>
<th>Generating Demand and Engaging</th>
<th>Measuring</th>
<th>Accessing</th>
<th>Reducing Structural Risk</th>
<th>Reducing Risky Behavior</th>
<th>Reducing Biological Vulnerability</th>
<th>Testing</th>
<th>Linking to Treatment and Support Services</th>
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</thead>
<tbody>
<tr>
<td>Agenda setting with community leadership</td>
<td>Reports of violence</td>
<td>Hotspots (brothels, lodges, other known places)</td>
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<td>Creating “industry” norms</td>
<td>Condom distribution and use calculations</td>
<td>Drop-in center</td>
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<tr>
<td>Having peer educators direct clients to clinic</td>
<td>Treatment packets distributed</td>
<td>NGO clinics, private providers</td>
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<tr>
<td>Providing peer educator accompaniment to testing</td>
<td>Regular HIV testing uptake</td>
<td>NGO clinics (to government testing center)</td>
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<tr>
<td>Providing peer educator accompaniment to clinic</td>
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### Individual
- Facilitating registration for welfare programs
- Providing counseling and information by peer education
- Providing STI screening and syndromic treatment
- Referring to government services
- Referring to government services

### Community
- Sensitizing police
- Encouraging condoms among brothel clients via owners
- Referring regular partners for testing and treatment
- Sensitizing government health workers

### National
- Supporting community in national sex worker union

### Health Outcomes per Unit of Cost

Source: GHD slide 20
VALUE PROPOSITION
Who is this?

[our work] has three goals: to care for our patients, to alleviate the root causes of disease in their communities, and to share lessons learned around the world. Through long-term partnerships with our sister organizations, we bring the benefits of modern medical science to those most in need and work to alleviate the crushing economic and social burdens of poverty that exacerbate disease. [Our organization] believes that health is a fundamental right, not a privilege.

Through service, training, advocacy, and research, we seek to raise the standard of care for the poor everywhere.

http://www.pih.org/pages/the-pih-model-of-care
Partners In Health (PIH) is a non-profit corporation based in Boston, Massachusetts, whose mission is to provide a preferential option for the poor in health care. Through service delivery, training, research, and advocacy, PIH works globally to bring the benefits of modern science to those in most in need, and to serve as an antidote to despair. PIH currently has programs in Haiti, Peru, Guatemala, Mexico, Russia, Rwanda, Lesotho, Malawi and Boston.
Pillars in the PIH model

1. Access to primary health care
   A strong foundation of primary care is critical to successfully treating specific diseases, such as AIDS. People seek care because they feel sick, not because they have a particular disease. When quality primary health care is accessible, the community develops new faith in the health system, which results in increased use of general medical services as well as services for more complex diseases. Therefore, PIH integrates infectious disease interventions within a wide range of basic health and social services.

2. Free health care and education for the poor
   The imposition of user fees has resulted in empty clinics and schools, especially in settings where the burden of poverty and disease are greatest. Because both health and education are fundamental routes to development, it is counterproductive (not to mention immoral) to charge user fees for health care and education to those who need these services most and can afford them least. PIH works to ensure that cost does not prevent access to primary health care and education for the poor.

3. Community partnerships
   Health programs should involve community members at all levels of assessment, design, implementation, and evaluation. Community health workers may be family members, friends, or even patients who provide health education, refer people who are ill to a clinic, or deliver medicines and social support to patients in their homes. Community health workers do not supplant the work of doctors or nurses; rather, they are a vital interface between the clinic and the community. In recognition of the critical role they play, they should be compensated for their work. PIH doesn’t tell the communities we serve what they need—they tell us.

4. Addressing basic social and economic needs
   Fighting disease in impoverished settings also means fighting the poverty at the root of poor health. Achieving good health outcomes requires attending to peoples’ social and economic needs. Through community partners, PIH works to improve access to food, shelter, clean water, sanitation, education, and economic opportunities.

5. Serving the poor through the public sector
   A vital public sector is the best way to bring health care to the poor. While nongovernmental organizations have a valuable role to play in developing new approaches to treating disease, successful models must be implemented and expanded through the public sector to assure universal and sustained access. Rather than establish parallel systems, PIH works to strengthen and complement existing public health infrastructure.

http://www.pih.org/pages/the-pih-model-of-care
Defining a stripped-down value proposition

- whom do we serve?
- what needs do we address?
- what price?
What is the PIH Value Proposition?
MISSION
Mission Statement

• purpose; why we do what we do.
• defines the organization's purpose and primary objectives. Its prime function is internal – to define the key measure or measures of the organization's success – and its prime audience is the leadership team and stockholders.
Avahan believed that HIV in India could be reduced substantially by rapid, high coverage, high quality implementation of targeted interventions for sex workers, men-having-sex-with-men and drug users in India’s highest prevalence states and districts.
... effective organizations are able to communicate their purpose and objectives so that all members of the organization understand their role in contributing to the common purpose (often called mission). For Avahan, this extended beyond the members of the Avahan team. Unlike a traditional donor-grantee structure where the donor and grantee maintain distinct structures and goals, Avahan sought to bring all members of the implementation pyramid (the 9 lead grantees, 6 capacity building grantees and 134 grassroots NGOs) under one umbrella, creating a unified sense of mission for the entire endeavour.
A proposed test of strategy
(my own, after Porter)

• A clear and distinctive mission: for your internal (& external) stakeholders, why you do what you do
  • linked to shared key values that guide actions and choices
  • linked to what you measure and hold yourselves accountable to and to your vision of what success would/will look like

• A compelling (unique?) value proposition for your customers/consumers/patients/beneficiaries/clients that addresses
  • whom do we serve?
  • what needs do we address? (“the offering”)  
  • what price?
    – An appropriately tailored design
      • the right value chain in which your role complements/leverages others
      • Activities that fit together and reinforce each other
      • linkage to parts of the value chain you do not serve
    – Clarity in choices about what to do and what not to do

• Relevant capabilities
  – Assets, competencies, capabilities needed to perform value chain activities
  – an ability to endure
    – Continuity of strategy
    – Ongoing improvement in realizing the strategy
    – Adaptation to shifting needs
Today’s in-class assignment

1. Take a key disease or condition and map out its delivery value chain. Note open issues and questions for your team to follow up on.

2. Create a poster for your organization that presents:
   - the value proposition
   - the mission

(Hint: think tweet length.)

Back to class at 2:15 pm. Turn in one copy of each per team.
Team memo due next week:
2 or 3 slides on strategy for your final deck, drawing on these ideas.