GlobalHealth Lab
class 15 Healthcare delivery challenges and opportunities
Spring 2013

Anjali Sastry 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
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.
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

Courtesy of Michael E. Porter and Rebecca L. Weintraub. Used with permission.
Health Delivery Management

Delivery

Supply Chain Management

Human Resource Management

Infrastructure Management

Service Operations Management

Service Delivery Point

Facilities, roads, schools, etc.

Courtesy of Jarrod Goentzel. Used with permission.
### Care Delivery Value Chain

#### Generating Demand (for prevention services)
- (e.g., establishing disease prevention on political or community agenda, changing cultural norms, behavioral change communication campaigns, educational programs, individual support and counseling, ensuring treatment is available)

#### Measuring
- (e.g., community statistics, behavioral surveys, sexually transmitted infections, clinic record management)

#### Accessing
- (e.g., community hotspots; clinic, hospital, or community center visits; peer educators)

#### Reducing Structural Risk
- **Individual**
  - e.g., income-generating activities
  - Educational programs
- **Community**
  - National campaigns or organizing activities

#### Reducing Risky Behavior
- **Individual**
  - e.g., counseling
  - Peer education

#### Reducing Biological Vulnerability
- **Individual**
  - e.g., screen for sexually transmitted infections (STI)
  - Treat STI
  - Refer partners or contacts for STI screening and treatment

#### Testing
- **Individual**
  - e.g., provide or refer for testing
  - Sensitize health workers

#### Linking to Treatment and Support
- **Individual**
  - e.g., provide or refer to treatment
- **Community**
  - Train health workers in disease management and support
A Strategic Framework for Global Health Care Delivery

Care Delivery Value Chains for Medical Conditions

- How are programs designed and activities configured to generate value?

Shared Delivery Infrastructure

- How do programs create value by integrating care delivery across value chains?

Aligning Delivery with External Context

- How is care delivery tailored to the external context?

Leveraging the Health Care Delivery System for Economic and Social Development

- How do programs strengthen the social and economic well being of beneficiary communities?

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

capabilities

actors

activities

CONTEXT

value
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*

## Relationship between Strategy and Typology of Scale

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative</td>
<td>Drawing increasing numbers of people into their realm</td>
</tr>
<tr>
<td></td>
<td>• expanding in size through increasing membership base, constituency, catchment area, or budget</td>
</tr>
<tr>
<td>Functional</td>
<td>Adding new activities to organizational range</td>
</tr>
<tr>
<td></td>
<td>• expanding the range of activities</td>
</tr>
<tr>
<td>Organizational</td>
<td>Increasing efficiency and effectiveness</td>
</tr>
<tr>
<td></td>
<td>• Increasing organizational strength to improve effectiveness and efficiency of activities</td>
</tr>
<tr>
<td>Political</td>
<td>Moving beyond service delivery toward empowerment</td>
</tr>
<tr>
<td></td>
<td>• attempting to alter context and the socio-political-economic environment</td>
</tr>
</tbody>
</table>

loveLife, South Africa

2007 HIV Prevalence Range

Map of HIV prevalence in South Africa and loveLife hub distribution (2007)

Image by MIT OpenCourseWare.

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/
Voluntary Medical Male Circumcision in Kenya

VMMC: http://www.nascop.org/nascop/voluntary_medical_male_circumcision.html

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

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

- service fit: appropriateness for customers
- designing, implementing services
- efficiency
- number of customers reached
- quality of service delivered
- advertising
- word of mouth
- strength of relationships with other organizations
- legal, regulatory standing

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

- Brand
- Service fit: appropriateness for customers
- Designing, implementing services
- Efficiency
- Advertising
- Quality of service delivered
- Word of mouth
- Number of customers reached

- Speed, cost of launching new services
- Attractiveness to new customers
- Political leverage
- Ability to weather setbacks
- Conservatism vis-à-vis novel approaches

Strength of relationships with other organizations

Legal, regulatory standing
15.S07 GlobalHealth Lab
Spring 2013

For information about citing these materials or our Terms of Use, visit: http://ocw.mit.edu/terms.