

Advancing Global Health Delivery: Lessons Learned

Introduction

In 2000, the United Nations established eight Millennium Development Goals (MDGs) – international development goals that member states would commit to achieve by 2015. Several of the MDGs – reducing child mortality, improving maternal health, and combating infectious diseases – are directly related to global health. Despite significant progress toward these goals, the global burden of disease is still disproportionately borne by poor countries. In this paper, we will examine the key lessons learned in class and expand on how we can leverage these lessons to improve global health outcomes.

Value Chains in Global Health

To truly transform global health, we need to apply a systems approach and explore ways to integrate the efforts of various groups working in global health. As Michael Porter astutely put it, “healthcare delivery will not reach its full potential until all actors begin working together.”¹ By capturing the end-to-end processes in healthcare (i.e., prevention, screening, diagnosis, treatment, and disease management), value chains facilitate a systems-level visualization of global health challenges and solutions. Value chains also enable us to identify critical gaps, unmet needs, and opportunities for innovation. In addition, value chains lay the groundwork for collaboration and mission alignment among actors in the system. Furthermore, value chains help us to consider ways to generate and deliver value to the different actors in global health – from patients, to healthcare workers, to the organizations funding these initiatives.

Our focal organization in the class, ColaLife, used a value chain approach to identify distribution as the missing link between ORS manufacturers and end-users. To bridge this gap, ColaLife developed a strategy to generate value (i.e., profits) for retailers and entrepreneurs. In turn, these profits incentivized retailers in remote areas to stock and market ORS kits. Other organizations have adopted a similar approach to delivering value to parties in the value chain. For example, two organizations we covered in class, CFWSHops and Living Goods, generated value to parties in the value chain by leveraging entrepreneurial incentives to establish franchises and micro-distribution schemes.

However, the value-based approach adopted by ColaLife and others hinges on consumers’ ability to recognize value from the product or service, as well as their ability to pay for it. If there is no market from consumers, ColaLife’s distributors and retailers will not be able to capture value. In this scenario, outside organizations may need to step in to provide a subsidy. For example, of the ~24,000 kits distributed by ColaLife, only 10% were paid for in cash, while the rest were purchased with vouchers.² As of right now, it remains unclear whether consumers will continue to buy the products when vouchers are no longer available.

“What gets measured gets done”

For an organization to accurately measure its progress and impact, it is crucial to select pertinent health indicators related to the ultimate goals that the organization seeks to achieve. As Kevin Starr, social innovator and Mulago Foundation director, puts it, organizations need to “figure out what to measure and measure it well.”³ Baseline measurements are crucial for measuring a program’s direct impact; however, they are not always conducted, because they are costly and time-consuming.

Selecting the right indicators can help to strengthen the organization’s alignment to its mission⁴ – for example, if an organization selects HIV prevalence as the primary indicator of its progress, then the organization is more

¹ Porter, Michael E. *Value-Based Health Care Delivery*. *Annals of Surgery*, Vol. 248, Number 4. October 2008.

² Interview with Simon Berry, Founder of ColaLife.

³ Star, Kevin. *Lasting Impact*. Pop Tech. February 8, 2011. <http://www.youtube.com/watch?v=UMEpvxGBkFU&noredirect=1> Accessed October 15, 2013

⁴ Kania, John and Mark Kramer. *Collective Impact*. *Stanford Social Innovation Review*. Winter 2011

likely to structure its activities around preventing new HIV infections from occurring. We saw this in the case of Avahan India HIV/AIDS Initiative, where selecting the right measures helped the various actors within Avahan agree on a common agenda and enabled the actors to hold each other accountable for their impact.

Rigorous data collection also facilitates organizational learning. For example, Avahan's data collection processes – which were implemented at all levels, from peer educators to Avahan's state-level partners – enabled the organization to identify trends and quickly address problems. In turn, this data analysis lowered the organization's costs and increased its efficiency. Similarly, SMS for Life collected data from community health workers via their mobile phones. This data enabled SMS for Life to lessen stockouts and reduce the costs associated with emergency orders.

There is, however, a tradeoff between measuring progress and the cost to implement such measures. For example, ColaLife currently measures the number of kits sold (their output) and adherence to the specified regimen (an interim outcome), but the organization does not measure its ultimate outcome – the impact on child deaths due to diarrhea. Tracking child mortality may be impractical and cost-prohibitive for smaller organizations like ColaLife, but, without these “final outcome” measures, these organizations are forced to rely on assumptions (such as the linkage between ORS/Zinc and child mortality) as evidence of their impact.

Growing Pains: The Challenges to Scaling Up

Figuring out practical and sustainable methods to scale up is an issue critical to the future of these organizations. First, organizations must tackle timing challenges regarding the decision to scale. Organizations that attempt to grow too soon or too quickly risk becoming overly dependent on donors. On the other hand, organizations that have standardized their processes and established profitable unit economics are often the most successful at scaling up.⁵

Another major challenge is the difficulty in ensuring that scale does not compromise service quality. This is especially challenging when organizations scale across geographies and into new markets. Organizations must have a quality assurance / fidelity management protocol in place to identify and quickly remedy quality problems. This is particularly pertinent for franchise-based organizations like CFWSHops and Living Goods – in order to maintain quality at scale, these organizations must be able to identify underperforming franchises, provide needed support and training, and be willing to close franchises that do not deliver value. To achieve long-term sustainability, it is critical for these organizations to form capacity-building partnerships with governments, the private sector, or with NGOs. In order for these partnerships to be successful, their missions should be well-aligned. For example, Avahan engaged local stakeholders as a way to build awareness and develop long-term skills. Avahan also partnered closely with the Indian government to prepare for a smooth program transition.

Lastly, sustaining innovation is a major challenge for global health organizations that scale up. Many global health innovations can be afflicted by “pilotitis,” whereby donors are enthusiastic about supporting new approaches, but less eager to replicating existing solutions. Organizations that have scaled up may also find it challenging to remain innovative and flexible, due to added layers of administration. Thus, in growing, these organizations must find a balance between seeking scale and continuing to foster an environment of innovation. As Christian Seelos and Johanna Mair wrote in the Stanford Social Innovation Review, “Constantly pushing for innovation is counterproductive. But so is getting too cozy with the predictability and convenience of the old ways and losing the motivation and skills required for productive innovation.”⁶

⁵ Beck, Steve et al. *Franchising in Frontier Markets: What's Working, What's Not, and Why*. Dalberg Global Development Advisors. Innovations. Winter 2010.

⁶ Seelos, Christian and Johanna Mair. *Innovate and Scale: A Tough Balancing Act*. Stanford Social Innovation Review. Summer 2013.

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