

Assessment of SughaVazhvu



Who, What, How?

“Improve the well being of poor populations by focusing on designing, developing, and delivering innovative solutions in healthcare concerning rural communities in India.”

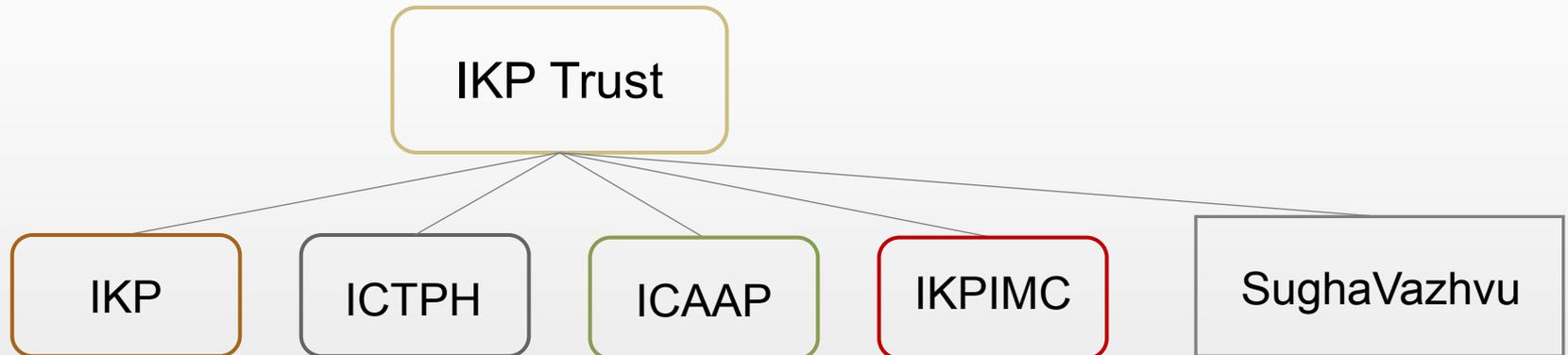
Problem

- **Inaccessible** primary healthcare
- **72%** of the India's total population is rural
- **1:30,000** Doctor-to-patient ratio
- **0.9%** of GDP ~ **\$10**/Indian Government expenditure

Solution

- Build **Rural Network**
- **“Ayush”** doctors
- **Protocol** based healthcare delivery
- **Affordable** and **Accessible**

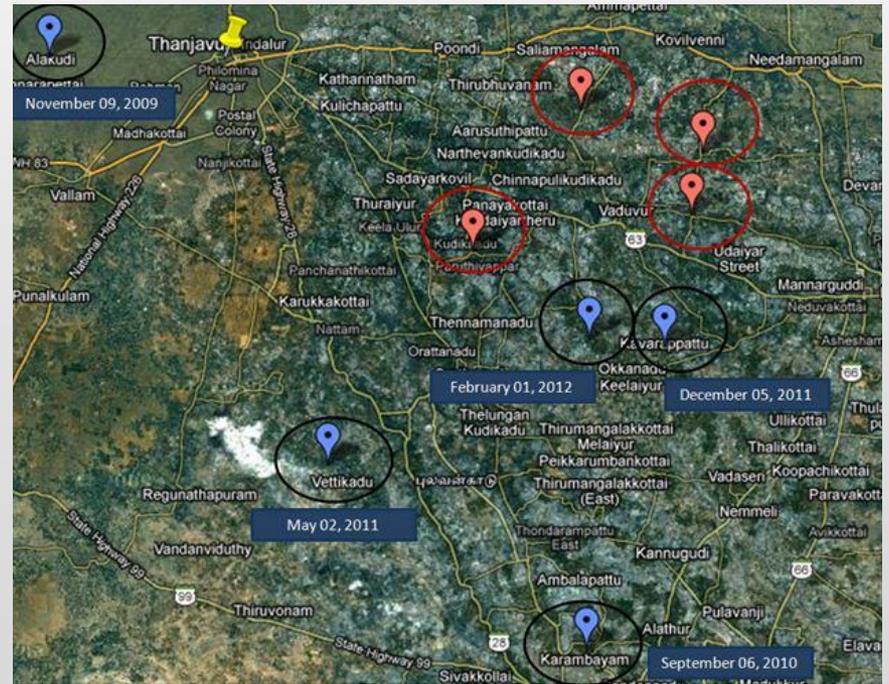
Background



- Directed by Dr. Nachiket Mor and Dr. Zeena Johar
- Support by the ICICI through ICTPH
- First RMHC opened in 2009
- Sughavazhvu Health Network Supply Chain and Expansion Plans in 2011

Focus

- Thanjavur district, Tamil Nadu, India
- As of Feb 2012: 5 existing RMHCs → 50,000 people
- Network of 10 RMHCs → 100,000 people



Strategy

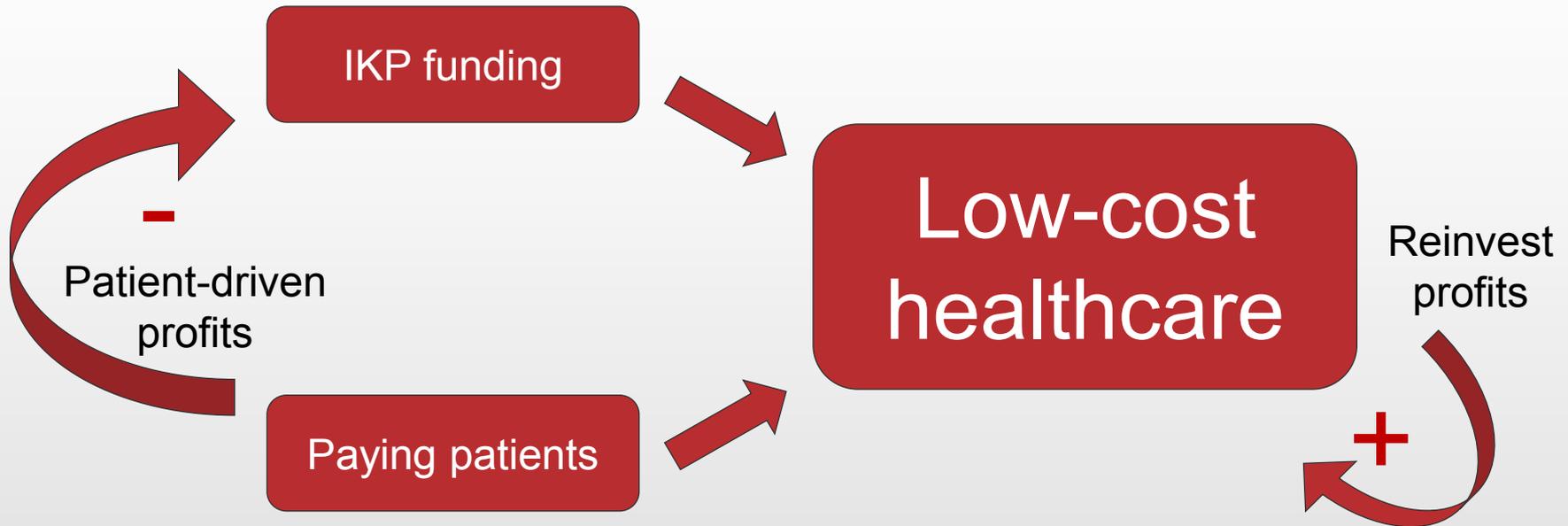


- Systematic mobile household screening
- Rapid risk assessments
- Medical records
- Strict treatment protocols
- Supervision-training mentorship model
- Hub-and-spoke structure



- Track, quantify, treat, and prevent disease
- Data-driven diagnosis/monitoring
- Improved treatment efficacy and efficiency
- Efficient management of medical and personnel resources
- Improved medical outreach

Business Model

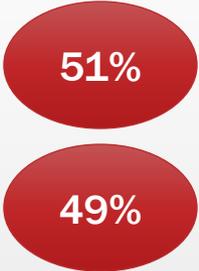


Revenue

- Most funding by ICICI bank through ICTPH.
- Striving to rely more on patient-driven revenue
- Offers comprehensive healthcare at about 15 Rs per visit (~ \$0.24)

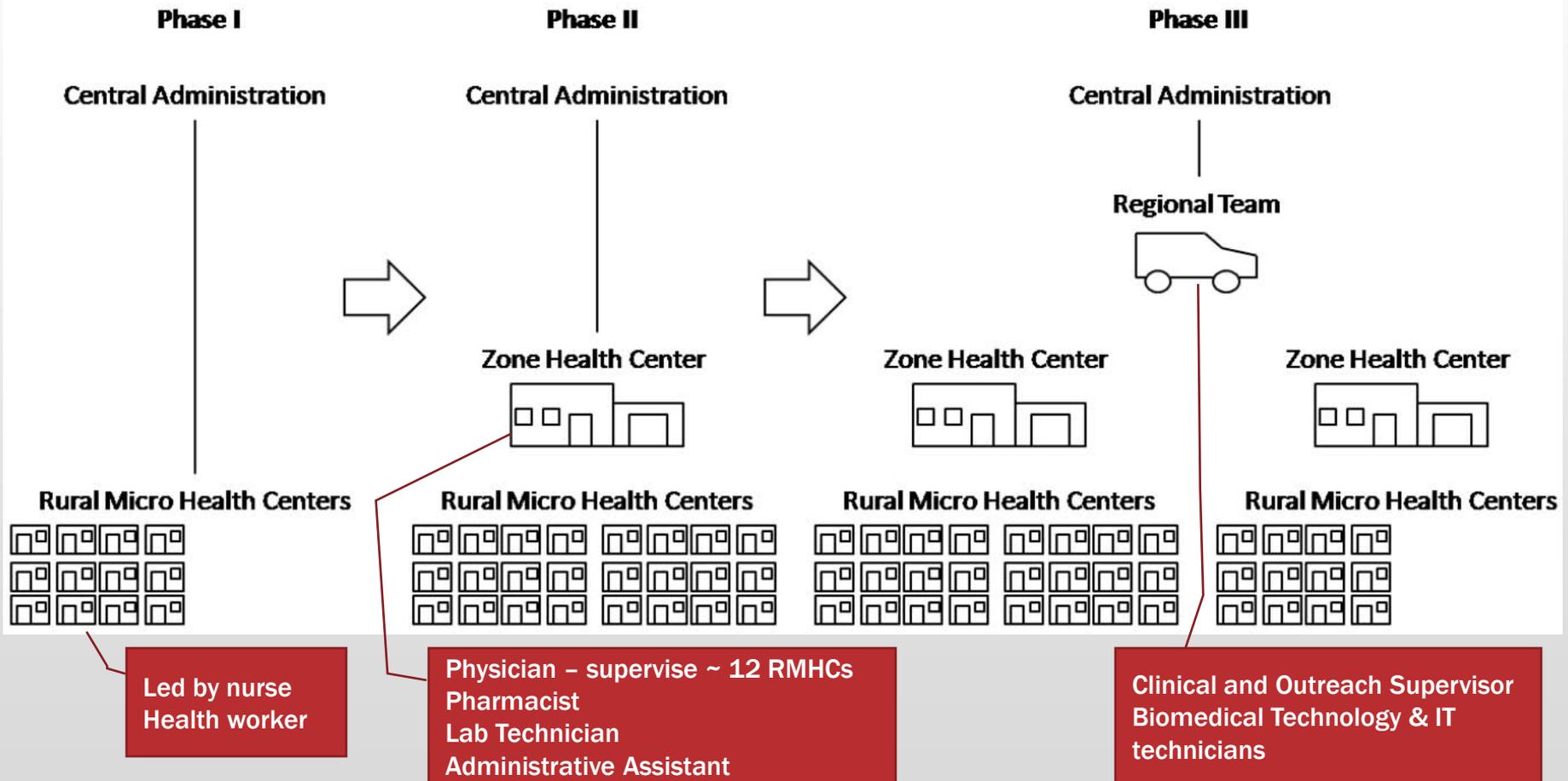
Cost of Healthcare

EXPENDITURE	Cost (Rs)	
Primary Care – Direct	587	~ \$16
Primary Care – Indirect	208	
Secondary & Tertiary Care	739 ~ \$15	
Estimated per capita expenditure	1,534	
Estimated village-level expenditure (10,000 individuals)	15.3 million	
Estimated village-level primary care expenditure	7.9 million	



COMPREHENSIVE MANAGED CARE PLAN	Cost (Rs)
Annual cost (without copays)	1020 ~ \$20
Estimated village-level annual cost	10.2 million

Operations



Source: Zertuche, Diego Rios. *SughaVazhvu Health Network: Supply Chain and Expansion Plans*. Cornell Institute for Public Affairs, 2011.

Value Delivered

- Monitors the health of the people in rural communities
- Affordable primary healthcare services to approx. 50,000 families

Capabilities

- Electronic medical records & bar-coded identity cards
- Standardized primary care with protocols that cover 70-80 basic diseases
- Streamlined supply chain using technology innovations to minimize costs
- In-house diagnostics
- Integrate primary care with secondary and tertiary care

Interventions

- Self help groups
- Women's reproductive health
- Oral, dental, ophthalmic, cardiovascular diseases
- Community-based management of pneumonia
- Infant home fortification through Sprinkles

Quality

- Experiment and revise protocols
- Supervision-mentoring and continuous training
- Periodical internal and external evaluations

Partnerships

DHAN Foundation

Penn
Nursing Science
University of Pennsylvania
School of Nursing

ARAVIND
EYE CARE
SYSTEM

Best practices

Policy Recommendations

SughaVazhvu
Health Care Pvt. Ltd.



सत्यमेव जयते

Tamil Nadu Police

Secondary & Tertiary Care

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SWOT Analysis

Strength

- Low cost coverage
- Standardized protocols
- Empowering nurses
- Real-time connection between doctors and nurses
- Information Technology & Quality
- ICTPH' s network & Low competition

Weakness

- Premature business model
- Scalability and adaptability
- Supply of skilled healthcare professionals
- Funding Sustainability and Pricing
- Supply Chain

Opportunity

- Financial backbone - ICICI Bank
- Experienced CEO in creating innovative business models in micro-finance

Threat

- Future political interference
- Retention of trained personnel
- Competition from alternative Healthcare Delivery Systems
- Reliance on access to IT – challenge to scalability

Challenges

Immediate

- Develop sound business model
- Figuring out growth strategy
- Retaining/Attracting skillful talents

Future

- Political boundaries
- Regulation
- Sustainable Funding
- Economies of scale

FOCUS

- Funding sustainability
- Skilled force retention
- Adaptability & Scalability

Recommendations

- Build partnerships
 - Pricing model/market research to assess affordability in each region
 - Exchange programs with prestigious hospitals, institutes, and companies
 - Region-wide/Nation-wide campaign to promote its value proposition
 - Focus on a specific intervention
- 
- Leverage other players' infrastructure with minimum investment
 - Price discrimination to maximize profit
 - Improve staff retention and attract talents
 - Increasing awareness
 - Replicate the success across interventions
 - Achieving economies of scale

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