

Anjali Sastry
Fall 2013

**15.232 Business Model Innovation: Global
Health in Frontier Markets**

Class 5

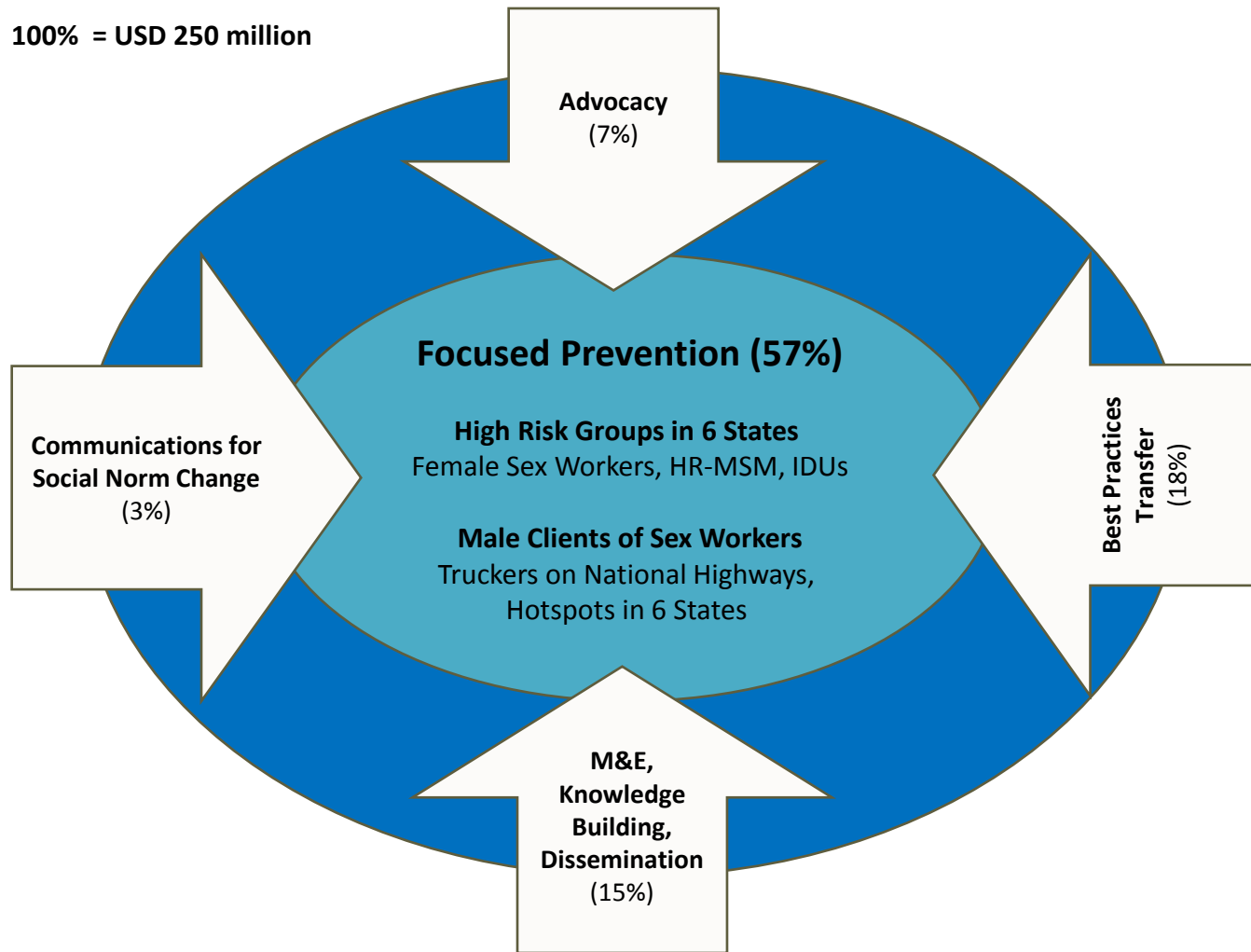
Strategy Workshop

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)

100% = USD 250 million



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

Maharashtra SLP Pathfinder/Mukta uses this "Peer Educator Flipbook" as a data collection tool for peer educators, as well as a prompt for the topics peer educators should remember to cover in their behavior change communications with community members (*Upper left*).

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.

PEER EDUCATOR FLIPBOOK - PATHFINDER INTERNATIONAL MUKTA PROJECT

The above palm-sized flip book is used by Peer Educators to record daily one-to-one communication with their peers. By simply recording the unique color code and marking a tick in the blank space against communication topics, the PE can track Behavior Change Communication (BCC) done with any given community member.

For further information, please contact:
 Pathfinder International / Mukta Project
 Pune, India - +91-20-25862296 / 97
www.pathfind.org



INDIA ANC Prevalence Data 2003 and 2007

Maps removed due to copyright restrictions. See Figures 4 and 5, Jha, Prabhat, et al. "HIV Mortality and Infection in India: Estimates From Nationally Representative Mortality Survey of 1.1 Million Homes." *British Medical Journal* 340 (2010).

Screenshot removed due to copyright restrictions. See "[Avahan's Contribution to HIB Control Significant: Study](#)," October 11, 2011. *The Hindu* (blog).

Screenshot removed due to copyright restrictions. See Sgaier, Sema K. "[Avahan's Transition: A Conversation with Sema Sgaier](#)." July 9, 2013. *Impatient Optimists* (blog).

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

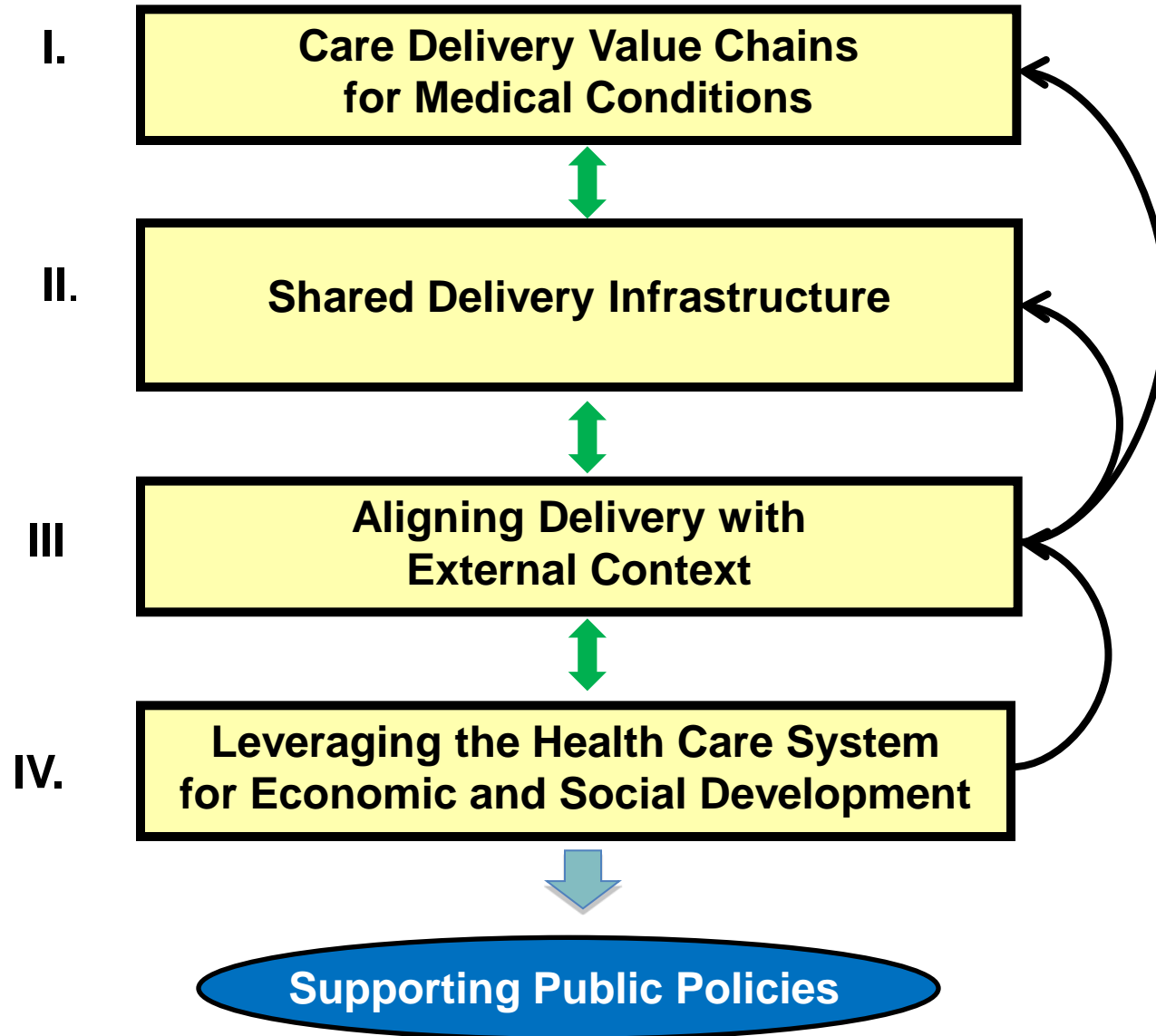


- How to design a health care system that dramatically improves value?
- How to create a dynamic system that keeps rapidly improving?

HOW DO YOU MEASURE VALUE?

HOW DO YOU CREATE VALUE?

Framework for global health delivery



Three strategy tools

- Value chain
- Value proposition
- Core values: the “why” mission

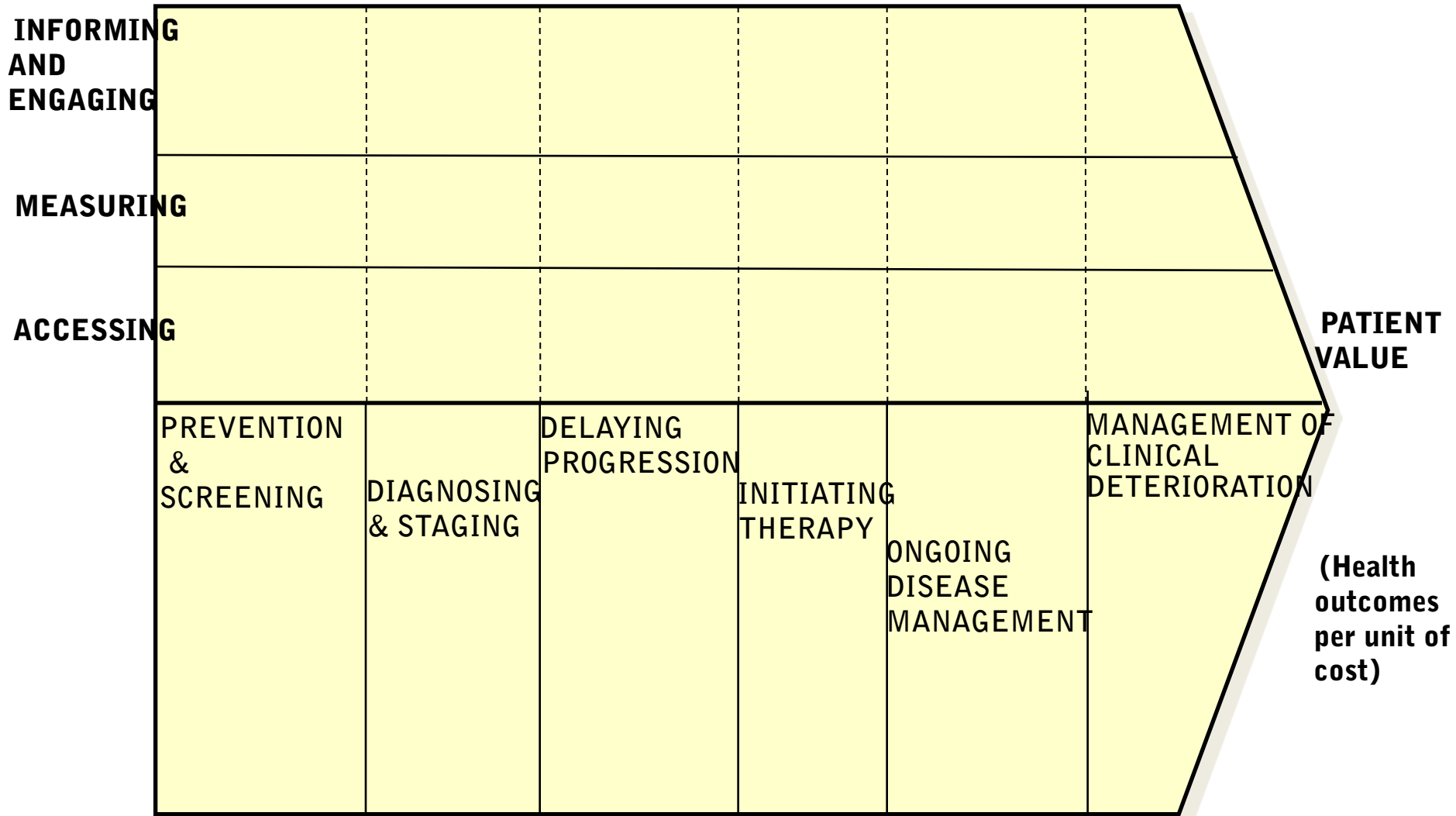
Mapping the Care Delivery Value Chain

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

Care Delivery Value Chain



The Care Delivery Value Chain for HIV/AIDS

INFORMING & ENGAGING

<ul style="list-style-type: none"> Prevention counseling on modes of transmission on risk factors 	<ul style="list-style-type: none"> Explaining diagnosis and implications Explaining course and prognosis of HIV 	<ul style="list-style-type: none"> Explaining approach to forestalling progression 	<ul style="list-style-type: none"> Explaining medical instructions and side effects 	<ul style="list-style-type: none"> Counseling about adherence; understanding factors for non-adherence 	<ul style="list-style-type: none"> Explaining co-morbid diagnoses End-of-life counseling
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MEASURING

<ul style="list-style-type: none"> HIV testing TB, STI screening Collecting baseline demographics 	<ul style="list-style-type: none"> HIV testing for others at risk CD4+ count, clinical exam, labs 	<ul style="list-style-type: none"> Monitoring CD4+ Continuously assessing co-morbidities 	<ul style="list-style-type: none"> Regular primary care assessments Lab evaluations for initiating drugs 	<ul style="list-style-type: none"> HIV staging, response to drugs Managing complications 	<ul style="list-style-type: none"> HIV staging, response to drugs Regular primary care assessments
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ACCESSING

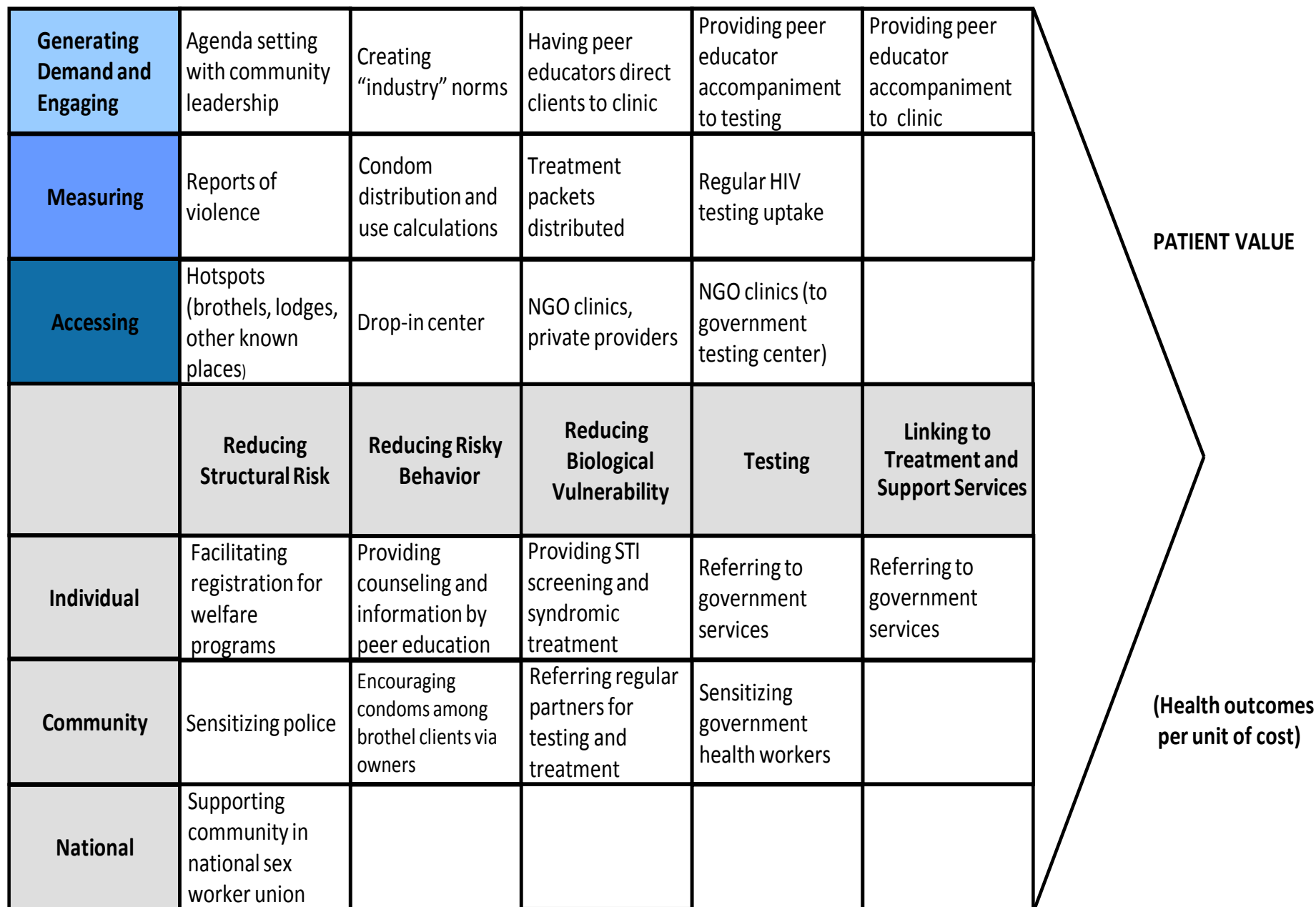
<ul style="list-style-type: none"> Meeting patients in high-risk settings Primary care clinics Testing centers 	<ul style="list-style-type: none"> Primary care clinics Clinic labs Testing centers 	<ul style="list-style-type: none"> Primary care clinics Food centers Home visits 	<ul style="list-style-type: none"> Primary care clinics Pharmacy Support groups 	<ul style="list-style-type: none"> Primary care clinics Pharmacy Support groups 	<ul style="list-style-type: none"> Primary care clinics Pharmacy Hospitals, hospices
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PREVENTION & SCREENING	DIAGNOSING & STAGING	DELAYING PROGRESSION	INITIATING ARV THERAPY	ONGOING DISEASE MANAGEMENT	MANAGEMENT OF CLINICAL DETERIORATION
<ul style="list-style-type: none"> Connecting patient with primary care Identifying high-risk individuals Testing at-risk individuals Promoting appropriate risk reduction strategies Modifying behavioral risk factors Creating medical records 	<ul style="list-style-type: none"> Formal diagnosis, staging Determining method of transmission Identifying others at risk TB, STI screening Pregnancy testing, contraceptive counseling Creating treatment plans 	<ul style="list-style-type: none"> Initiating therapies that can delay onset, including vitamins and food Treating co-morbidities that affect disease progression, especially TB Improving patient awareness of disease progression, prognosis, transmission Connecting patient with care team 	<ul style="list-style-type: none"> Initiating comprehensive ARV therapy, assessing drug readiness Preparing patient for disease progression, treatment side effects Managing secondary infections, associated illnesses 	<ul style="list-style-type: none"> Managing effects of associated illnesses Managing side effects Determining supporting nutritional modifications Preparing patient for end-of-life management Primary care, health maintenance 	<ul style="list-style-type: none"> Identifying clinical and laboratory deterioration Initiating second- and third-line drug therapies Managing acute illnesses and opportunistic infection through aggressive outpatient management or hospitalization Providing social support Access to hospice

PATIENT VALUE

(Health outcomes per unit of cost)

Avahan's Prevention Delivery Value Chain for Female Sex Workers



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.

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.

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.**

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