

## Team Memo

October 2013

### Learning from Course 15.232 (H1 - Fall 2013)

Over the past twenty years, global health issues have become topics of great concern to developing and developed countries alike. There has been an increased awareness of the need to assess healthcare in developing countries, especially with the onset of the HIV/AIDS epidemic. During the course module, we learned of the many factors that are associated with global health and its impact on development. Through the case studies, class discussions, and readings, we were able to understand the various business models that are being utilized to address countries' global health concerns. For example, with the initiation of the Global Fund for HIV, TB, and malaria, there was a need for many governments to understand how to mobilize and utilize the resources that were being given to them. The case studies discussed how many countries handled the various multilateral, private, and public sector funding distributed to them. The Avahan case study discussed the necessity of public-private partnerships in addressing HIV/AIDS in India. Through an initial gathering of ideas, Gates funding was able to mobilize a private sector consulting group to address a country wide problem. Although there were obstacles along the way, this was an interesting approach to what may have been considered earlier to be only a public sector or government problem. In the Avahan case as well as others, we continued to see the need for a sustainable approach to addressing global health problems. The Narayana Health study also addressed the ways in which a group of people attempted to create a sustainable medical delivery model for heart disease care in India. Furthermore, in another case study, Aravind Eye Hospital demonstrated the method by which an efficient model of cataract surgery could be utilized to provide vision to individuals, thus allowing for individuals to continue to have a productive life. Technology was also emphasized in the SMS for Life case study which provided an understanding of how mobile technology could be placed in the hands of healthcare workers to provide life saving care.

In addition to the case studies, the diversity of the students in the class, the professor's academic and professional work, and the various guest speakers contributed greatly to the overall experience of the class. Our team project also provided a method for us to exercise the understanding we gained from the cases to address 'real world' problems. For our team, this was providing recommendations to an existing healthcare organization in Rwanda. Our project on Global Health Builders allowed us to utilize classroom ideas, conversations with in-country leaders, and collaboration amongst our team members to address the challenges facing Global Health Builders in Rwanda for expansion and sustainability of their current project.

For at least a couple of us when they chose this course, their expectations were to learn about business model innovation or revolutionary ideas to improve healthcare delivery in the world. During the class, the discussed business models and ideas, albeit traditional and relatively old, were considerably new for the frontier market settings. This created elements of surprise and interest from several aspects. One aspect was that while these were not great innovation, these could make great change. For example, in SMS life case, it was impressive that such a simple communications system could prevent shortage of medicine greatly. Although this business model cannot be adopted in the developed countries, it can provide more food for thought for those interested in

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working with organizations that strive to improve the healthcare systems through small changes in existing technologies and customizing the existing services for the untapped healthcare markets.

All the more impressive was this learning that many professionals work in this space in emerging countries in low quality of life environments by their own choice. Their mission is to improve the practices of healthcare management and thus improve impoverished people's lives even though they cannot make money from that kind of business. This very aspects provides us with an opportunity to think about working and contributing in this area after retiring.

In short, we discussed different strategies in solving healthcare problems and various problems that are faced while implementing those strategies. Because of the difference in requirements of each of these organizations, they had their own different business model as well. Thus this particular program has given us an idea of various innovative business models that have resulted success in the frontier markets. The video conference with the CEO of Hello Healthcare, class visit of Mr. Ratan Tata and several other visitors who are active in providing these services have given further insights into these businesses.

Apart from just case studies and visitors discussion, our major learning was from the experiences shared by Prof. Anjali Sastry. We could also learn a lot by interactive discussions in our class. The diversity of our class was amazing and so was the discussion.

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