GlobalHealth Lab class 2 Technology and strategy; Lina Sayed

Spring 2013

Anjali Sastry and colleagues

Plan for today

- Quick notes
 - Meet Alison
 - Thumbs up on WedUps!
 - Adding Tricia Morente to all-star lineup, Feb 28th
- Introduction to today
 - Point of care picture
 - Perspectives of technology and strategy in global health
- Lina Sayed
- Coming up:
 - Mentor check ins (meeting 1)
 - Tuesday lunch session
 - Organizational profile
 - Professional development plan
 - Next class: Global health overview

What is needed at the point of care?

What is needed IN THE DOCTOR-PATIENT INTERACTION?

• list everything!

 then discuss: how does technology impact these inputs

TECHNOLOGY

Diagram of Embrace infant warmer removed due to copyright restrictions.

Kevin Starr, Mulago Foundation, asks the following

• Is the product needed?

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- Does it work like it's supposed to?
- Will it get to those who need it?
- Will they use it right when they get it?

Watch his poptech talk: http://poptech.org/popcasts/kevin_starr_lasting_impact

A Tale of Two Supply Chains

FACTOR	MEDICINE SUPPLY CHAIN	COCA-COLA SUPPLY CHAIN
Production	 Production occurs mostly internationally. Capital intensive and highly skilled production process. Production is strictly regulated by national and international agencies. Large economies of scale. 	 Production of Coca-Cola concentrate occurs internationally. Bottling is less capital and skill intensive. Bottling carried out locally in each market.
Information Gathering	 Lack of systematic information collection tools. Expensive one-off monitoring and data collection. Central, assumption-based supply chain planning. 	 Systematic information collection tools. Innovative methods of data collection using third parties and own sales force. Data-driven supply chain planning.
Distribution	 Product-specific distribution asset investments (both human and capital assets). Higher need for traceability and security. Limited competition in the distribution segment. Poor contract compliance on attributes such as service level, and delivery lead time. 	 Generic distribution asset investments. Competition used to achieve higher contract compliance. Horizontal collaboration. Higher frequency of delivery to retail points of sale.
Retail Point of Sale	 Limited to regulated pharmacies or government-run clinics. Limited innovation on new points of sales due to regulation. 	 Variety of retail sales points such as restaurants, bars, or supermarkets, in cities, towns, and smaller retail kiosks in rural areas. Constantly innovating to create new points of sale.
Incentive Structures	 Limited ability to create incentives for actors in publicly run distribution systems. Simple single-party contracts. 	 Incentive alignment through contracting given due importance. Sales incentives, service-level incentives commonly used in both pricing and employ- ment contracts.
Consumption Benefits	 The consumption of some medicines, vaccines, and other health products results in higher benefits to society as a whole and not necessarily to individuals. Medicines are what people "need." 	 The benefits from consumption of consumer products and soft drinks accrue primarily to the end consumer. In fact, society may sometimes bear a cost from their consumption. Soft drinks are what people "want."

Stanford Social Innovation Review, Winter 2013

From "Learning from Coca-Cola" by Prashant Yadav, Orla Stapleton, and Luk Van Wassenhove www.ssireview.org. Used with permission.

STRATEGY

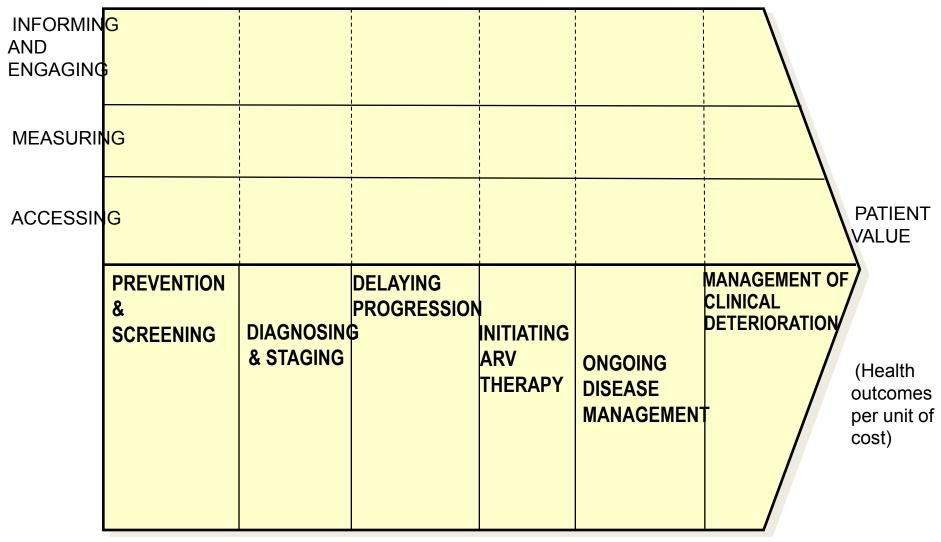
Value in healthcare

What Is Value in Health Care Supplementary Framework Papers: Value in Health Care Measuring Health Outcomes Reponses: Correspondence *The New England Journal of Medicine* Michael E. Porter December 8, 2010

Diagram of outcome measures hierarchy (Fig. 1) removed due to copyright restrictions.

HIV/AIDS Care Delivery Value Chain

Resource-Poor Settings



Coming up

- Review this week's readings, including optional, for applicability to your project
- Mentor check ins (meeting 1)
- Tuesday lunch session
- Organizational profile
- Professional development plan
- Next class: Global health overview

Yadav, Prashant, Orla Stapleton, and Luk Van Wassenhove. 2013. "Learning from Coca-Cola." *Stanford Social Innovation Review*, Winter: 51-55.

Sinha, Sidhartha R, and Michele Barry. 2011. "Health Technologies and Innovation in the Global Health Arena." *The New England Journal of Medicine*, September 1: 779-781.

Rhatigan, Joseph, Sachin Jain, Joia S. Mukherjee and Michael E Porter. 2009. *Applying the Care Delivery Value Chain: HIV/AIDS Care in Resource Poor Settings*. HBS/GHD.

Porter, Michael E. 2008. "Value-Based Health Care Delivery." *Annals of Surgery*, 248(4), October: 503-509.

Malkin, Robert A. 2007. "Design of Health Care Technologies for the Developing World." *The Annual Review of Biomedical Engineering*, April 12: 567-587.

Blaya, Joaquin A, Hamish S.F. Fraser, and Brian Holt. 2010. "E-Health Technologies Show Promise in Developing Countries." *Health Affairs*, June 6: 244-251.

Peterson, Kyle, Samuel Kim, Matthew Rehrig, and Mike Stamp. Circa 2012. "Competing by Saving Lives: How Pharmaceutical and Medical Device Companies Create Shared Value in Global Health." *FSG report*. MIT OpenCourseWare http://ocw.mit.edu

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