

Our team approached this course and this case from disparate and complementary backgrounds, and each of us took away a number of key points that were unique to our own approaches. We present our thoughts here.

The class was a great introduction for me to understand how to evaluate firms that work in the sphere of healthcare. First, understanding that the business model is more complex than just the customer and the firm is crucial; for me it was surprising to see how many of these healthcare initiatives struggle to reach profitability and the amount of funds that is channeled through non-profits and governments. On the other hand, the value chain framework proved crucial in identifying some of the weaknesses of the business models. I find it dumbfounding that one of the largest problems is still access to simple and inexpensive medications and believe that there is real value in approaches that target access from the more technical point of view, such as SMS for Life with the system to plan inventories. I believe the class has helped be develop skills in looking at business initiatives through a new lens and understanding that measuring the impact that these businesses have on human well-being is a difficult and interesting challenge to tackle.

Identify the real unmet need. A lot of times we saw innovative solutions addressing global health matters not reaching scale or not being sustainable. Even worse increase the local problem. For instance we need to be conscious and social responsible with the real unmeet need. We can develop the cheapest and efficacy screen set for Malaria but if we cannot provide the standard of care and treatment we are only increase the problem. Patients would be detected but would not have access for care. We saw an example in class of Avahan doing screening of HIV patients but we found a gap to address treatment, where they were referring, who was responsible for that positive HIV patient to get the right access for treatment. Therefore, we need to be conscious to see the real unmeet need and see the whole value chain.

In the beginning of the semester we kicked off our discussion by considering two factors for success in global healthcare innovation: design for scale and profitability. These turned out to be perhaps the most critical ingredients to create a sustainable healthcare solution with a measurable, lasting impact. In fact, we turned back to scalability and profitability as our compass in our assessment of various case studies throughout the term. Scalability and profitability both emphasize (i) thinking ahead from day one, and (ii) setting realistic goals that take advantage of the potential of frontier markets, in an effort to "wean" global healthcare delivery from indefinite external aid. In an era where external resources are becoming scarce and the empowerment of local agents is an indisputable requirement for sustainable results, scalability and profitability must lie at the core of effective healthcare innovation.

Collaboration and vision. During the classes and as we were examining the various case studies it became obvious that people need to be both visionary and able to collaborate with others in order to succeed in achieving their targets and improve the lives of millions of people. This was the case both with Jim Barrington (SMS for Life) and Dr. G. Venkataswamy (Aravind) who had the belief and the vision to improve the world and help their fellow people. However although they had the vision it would not be possible to achieve their target if they would not collaborate with other organizations (SMS for Life and collaborations with Novartis, Vodafone, Government, etc.) and individual people. The importance of collaboration is extremely significant nowadays, in the light of the fact of the numerous NGOs operating in the various countries and not cooperating. It is obvious that a common approach, based on collaboration, targeting unmet need by all NGOs would result in sustainable organizations and significant improvement in terms of offerings and services provided to those in need.

I approached this course and project with very little training in classical business and management thinking, and I was most struck by how logical and understandable the various considerations – scale, sustainability,

impact, value, etc. – were with my background. This is not to say that the issues were simple or intuitive, but rather that they were presented well and followed a clear structure, which I found very compelling and comforting. I was also struck by how much overlap there is between “business” issues and the more social and ethical issues that I had confronted in my previous global health coursework. I was most impressed by the way Paul Farmer, Jim Kim, and Michael Porter were incorporated into the class. The notion of rigorously defining patient value as a way of both maximizing the good that is done as well as maximizing the business potential is quite compelling.

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