

Africa: MIT Sloan Academic - *Biggest Obstacles to Providing Decent Healthcare in Developing World Are Not Medical - They Are Managerial*



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MIT Sloan School of Management (Cambridge, MA)

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A clinic in a rural pocket of Western Kenya that lacked clean water three years ago now has potable water, offers an expanded line of medical services, and is financially sustainable; a community-based health center in central Uganda added a second site, acquired its first ambulance, and qualified for free HIV medications; and a diagnostics start-up that four years ago was just an idea is now readying for market entry in East Africa and beyond.

These are some examples of how the MIT Sloan GlobalHealth Lab course has transformed healthcare delivery in the developing world over the past five years.

"The biggest obstacles to providing decent healthcare to people in the developing world are not medical; they are managerial," says Anjali Sastry, a Senior Lecturer in System Dynamics at the MIT Sloan School of Management who created the class.

Founded in 2008, the course has involved 60 projects across 15 countries in sub-Saharan Africa and South Asia. The course pairs teams of MIT Sloan MBAs and other MIT graduate students with clinics, hospitals, community organizations, and startups in emerging countries with the goal of helping them provide more effective and efficient healthcare.

Every project takes on a specific problem defined by the partner organization and is guided by faculty throughout the process.

"Developing, carrying out, and following up on each project has enabled us to do much more than we ever imagined," says Sastry. "Thanks to GlobalHealth Lab, we've built a platform for ongoing engagement with partners on the front lines of healthcare delivery."

This platform has enabled students to learn about an under-studied set of real-world problems, according to Sastry, who is completing a multi-year study of the course's results.

"It's one thing to open a clinic or invent a new medical technology, but how do you get into the marketplace and start helping people? How do you take what you are doing, check that it's the right thing, and then figure out how to do it better? We look at organizations to see how they fit into the healthcare system as it currently exists, asking how each delivers value--and how that can be improved."

As life expectancy rates rise around the world, they remain stubbornly low in sub-Saharan Africa. According to a recent report by the Institute for Health Metrics and Evaluation, infectious illnesses, childhood diseases, and maternity-related causes of death comprise about 70% of the region's disease burden. In Zambia, for instance, life expectancy stands at 55 years. In Kenya it's 63.7. In the United States, it is 78.4.

Students enrolled in GlobalHealth Lab spend months conducting research with their assigned partner organization. Then, for two intensive weeks, teams work collaboratively on site, gathering data on patient

problems, shadowing nurses and doctors, interviewing community members, and running field tests of their early ideas. To support the project, a member of the Sloan teaching team joins the team for a day or two. By the end of the course, each team has created a customized portfolio that includes research, analysis, and an action plan for their organization.

David Taurus, the founder of the Empowering Lives International clinic in Kipkaren, Kenya, hosted a team of MIT Sloan students in early 2009.

"I was so grateful that the [team] sat with us in the village to talk and to understand [the rhythms of our lives and capture those] in their research," he says. "Through their research, we now have clean water; we have dental services in our clinic; we have maternal-child health; and we have an eye clinic."

The students also helped the rural clinic improve its pricing strategy, which enabled it to offer a bigger variety of services. "When the MIT team [first got] here, the clinic received an income of about \$300 a month," he says. "Now we receive about \$1,200 per month."

Kampala Family Clinic operates in Uganda's largest city. In 2009, MIT helped the staff evaluate the clinic's pricing structure and identify opportunities for growth. Based on the students' suggestions, the organization radically revamped its marketing materials, made doctor visits more efficient, and shifted IT platforms. "We are a lot more customer-oriented," says Samuel Kikomeko, the clinic's director.

"Business itself is also conducted more efficiently."

Sastry describes the next phase of her research as "documenting, building the evidence base, and disseminating." Her team is "building a toolkit of practical methods to tackle common delivery challenges, along with a set generalizable insights" for delivering healthcare in the developing world that she hopes will apply broadly.

"It's been an amazing learning experience for my students and me, but the problem is that the solutions we've discovered have been confined to the clinics and organizations we work with," she says. "We've been privileged to work with some amazing partners. Now our job is to get the best of these ideas out in the world in a practical way--while continuing to learn what works and why."