Scaling Innovations in Global Health

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BACKGROUND

Delivery of services in low-and-middle income countries (LMICs) is constrained by inadequate health systems.[1] Despite their potential for meeting the health needs of the poor, many interventions have had limited impact beyond a focal target group due to their inability to achieve substantial scale.[2]

This study explores the identifying characteristics of innovative healthcare programs that have achieved scale in the form of operating in multiple LMICs. It offers insights on how health service innovations in the private sector have been expanded through the replication of programs to improve access for the poor.

OBJECTIVES

- To examine scalability across disease areas and geographies by highlighting 122 programs that have achieved transnational scale.
- To identify opportunities where scaling up of existing proven models can result in high-impact, rapidly implemented solutions that can potentially combat the global health crisis.
- To offer insights for policy-makers, funders, investors and program managers on how to better direct planning efforts to increase health impact.

METHODS

The Center for Health Market Innovations (CHMI) curates a database on organizations dedicated to improving privately delivered health care for the poor in LMICs.

CHMI Database: Information available on over 1200 programs from 106 countries

Screening

122 transnational scale programs (TNS) operating in 2 or more countries (range 2-22 countries; median 3 countries)

1068 single country programs (SCP)

Comparison

Data captured on: health focus, innovative activity, legal status, and funding source

RESULTS

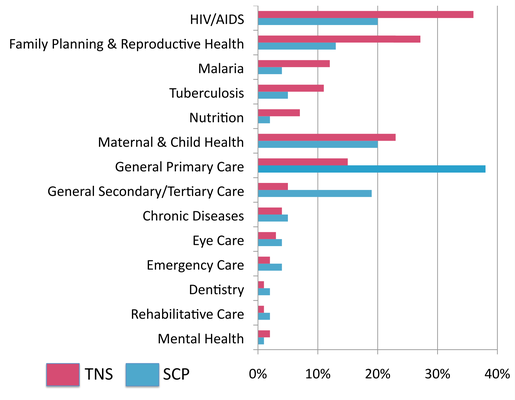
Health Focus

TNS Top Health Focus Areas:

- HIV/AIDS (37%) [vs. SCP- 20%]
- Family planning & reproductive health (27%)
- Maternal & child health (24%)

SCP Top Health Focus Area:

- General primary care (38%) [vs. TNS- 15%]



RESULTS (cont'd)

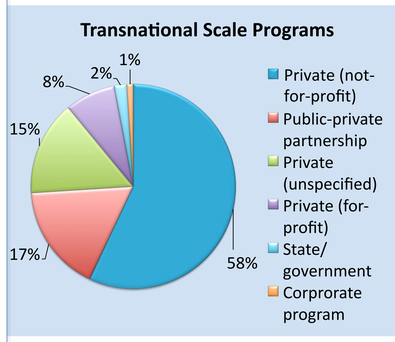
Innovative Activities

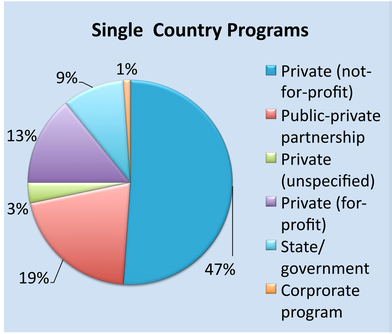
- Among TNS programs, the most frequent innovative activities included information technology (20%), consumer education (15%), and provider training (12%).
- SCPs provide similar levels of IT (17%) and consumer education (13%), but significantly lower levels of provider training (8%).

Innovative Activities	SCP	TNS	TNS: HIV	TNS: MCH	TNS: FPRH	TNS: TB-Malaria	TNS: PC
Information technology	17%	20% **	15%	26%	17%	26%	49%
Consumer education	13%	15%	26%	15%	23%	1%	7%
Provider training	8%	12% **	12%	19%	15%	9%	11%
Products/equipment	3%	7% **	7%	11%	1%	0%	5%
Innovative operational processes	3%	7% **	4%	2%	3%	11%	8%
Franchise	2%	5%	2%	8%	10%	16%	0%
Supply chain enhancements	1%	5% **	4%	1%	2%	4%	0%
Social marketing	2%	3%	10%	1%	13%	1%	1%
Service delivery network	6% **	4%	6%	1%	1%	5%	3%
Standalone clinic/hospital	6% **	1%					
Micro/community health insurance	10% **	1%					

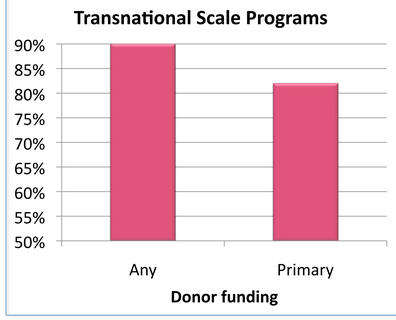
Cases: SCP=1,068 SCP; TNS=122
*** Significantly greater (p<0.05), based on t-tests.*
Note: The data include 30 types of program activities; This table reports eleven categories that achieve meaningful levels for SCP and/or TNS programs (71% of all SCP activities; 79% of TNS activities). The table reports weighted averages for programs that report more than one activity.

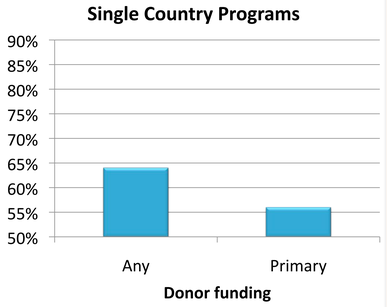
Legal Status





Funding Source





DISCUSSION

Several characteristics among TNS programs stand out:

- TNS programs commonly involve donor funding, are operated by non-profits, and/or target specific health conditions.
- A meaningful minority use IT, consumer education, and/or provider training as complements to their health care services.
- A relevant proportion of MCH, family planning, and TB/malaria programs use franchising models.
- HIV/AIDS and family planning programs are most likely to use social marketing techniques.

Several contrasts between TNS programs and SCPs stand out:

- TNS programs are less likely than SCPs to target general care, while being more likely to target specific health conditions.
- TNS programs are less likely than SCPs to operate standalone clinics/hospitals or service delivery networks.
- TNS programs are more likely than SCPs to provide support for operational processes, equipment, information technology, and/or provider training.
- TNS are more likely than SCPs to be private non-profits, while being less likely to be supported by public agencies.

CONCLUSION

- Transnational scale is vital to achieving universal coverage, disseminating best practices, and improving health services for the poor.
- This study highlights some intuitive trends, such as the general reliance on donor funding and the focus on HIV, maternal and child health, and family and reproductive services.
- Our research is part of global efforts to achieve greater understanding of how scale is achieved in practice, with the goal of helping the health services community scale services effectively, ultimately enhancing health impacts and well-being across the world.

REFERENCES

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2. Bloom, G, and Ainsworth P (2010) Beyond scaling up: pathways to universal access to health services, STEPS Working Paper 40. Brighton: STEPS Centre.

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