GlobalHealth Lab
class 1: Vision

Spring 2013

Anjali Sastry
and colleagues

A host reports back

I come from Kipkaren river in Kenya, where the MIT students came to the ELI clinic. We were so privileged to have brilliant people full of passion to address issues in society. I was so thrilled to sit down and go around with them to hear them ask questions to the people in the community. At the end of their research I was grateful that they [sat down with us] to make us understand their research.

There are 6 things we have already implemented and we are seeing a tremendous production in our clinic.. [when] the MIT team was here, the clinic was receiving income of about $300/month. Now we're about $1,200/month, which shows how they trained us in business thinking and quality service delivery. All those areas we are really trying to address. In administration, in the way they are training the head workers in customer relations, in advertisements, serving the clients at the right time. We say "5 minutes in our clinic and someone with come to talk to you, or to tell you exactly the time you will be served."

Another thing that I was so grateful was that they sat with us in the village to talk and to understand all they wrote in their research [Editor's note: He is talking about the team's recommendations]. Currently **through their research we have clean water, we have [for the first time] dental services in our clinic, we have maternal-child health, we have an eye clinic, and right now we are looking to move from a dispensary to a health center.** Because people now are coming to ask for more services, and we have to move to the next level to be able to offer more services.

I am grateful to the university for sending more students. And I am grateful personally to every student that came to spend time with us. We say Bravo! and welcome you again. We invite you visit us and see the impact you have created in our society. We are looking forward for long term partnership for MIT. We are grateful as we look forward to other MIT groups, or alumni or a simple project that we can work together between MIT University and our clinic in the future. Welcome to our village and have a great day.

[recorded March 2011]

Plan for today

- Welcome!

- Eye health: global needs and opportunities

- Why GlobalHealth Lab: Vision for the course

- What do *you* envision?

- Course overview

- Coming up:
  - WedUp!
  - Check in with mentors
  - Thursday lunch session
  - Next class: Alum Lina Sayed
  - Organizational profile
  - Professional development plan

Unmet needs in eye health

- What are they?

- Why do they exist?

- Where/how do you think we should tackle them?

- **AMD** - "age-related macular degeneration" - AMD is a common eye condition among people age 50 and older. It gradually destroys the macula, the part of the eye that provides sharp, central vision needed for seeing objects clearly. It can be a slow or fast progression, in one or both eyes, but only occurs centrally in the eye.

- **Corneal opacities (vs cataract)** - Corneal opacities are eye problems that can lead to scarring or clouding of the cornea, which decreases vision. Injury, infection, and certain eye diseases can cause corneal opacities -- it is a general way of referring to some kind of clouding or irritation in the <u>cornea</u>, which is the anterior lining of the anterior chamber. Cataracts, on the other hand, are due to opacities in the <u>lens</u> of the eye, which is located posterior to the cornea.

- **Trachoma** - a contagious bacterial infection of the eye in which there is inflamed granulation on the inner surface of the lids. It is caused by the chlamydial organism.

- **Onchocerciasis** - another name for River Blindness, caused by the parasitic worm *Onchocerca volvulus*. The worm is transmitted through repeated bites by blackflies, which live and breed near fast-flowing streams and rivers. The infection can result in blindness and skin disease and itching.

More information

- Ravilla, Thulasiraj. *How low-cost eye care can be world-class*. http://www.ted.com/talks/thulasiraj_ravilla_how_low_cost_eye_care_can_be_world_class.html (17 -minute video)

- Rangan, V. Kasturi, and R. D. Thulasiraj. 2007. "Making Sight Affordable" *Innovations: Technology, Governance, Globalization* 2(4): 35-49.

- Kumar, R. Vasantha, S. Ramakrishna Vellamuri, and Wei Zhang. 2011. *L V Prasad Eye Institute*. Ivey Case

- L V Prasad Eye Institute. 2012. *A First Namaste to Eye Care*. http://www.lvpei.org/videos/first-namaste.html (10 minute video)

- Unite for Sight: http://www.uniteforsight.org/

IAP Reading

- What did you learn about global health and the policy context?

- Would you recommend the book to others?

Our vision for GlobalHealth Lab

The triple payoff

- **You** learn

- **Partnering host organizations** tackle constraints to delivering more or better care

- **We** build the dialog and body of knowledge on how to more effectively improve health

The triple payoff

- **You** learn—extreme projects; partnership/co-creation mode; careful process; diligence (better)

- **Partnering host organizations** tackle constraints to delivering more or better care (theory of change=> link the help we give to better health outcomes)

- **We** build the dialog and body of knowledge on how to more effectively improve health—not just for LMICs/RLS; we bring management to a vast domain; we advance our ability to learn from experience and from the field

Our aspiration:
To do *better*

Three core requirements for success in medicine:

- Diligence

- Do right

- Ingenuity

Full quotation removed due to copyright restrictions.
Source: Gawande, Atul. *Better: A Surgeon's Notes on Performance*. Picador, 2008, pp. 8–9.
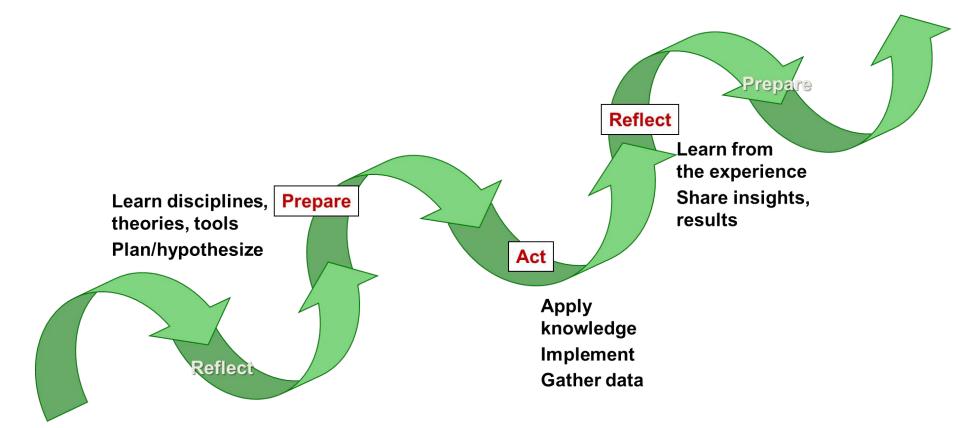
What do *you* envision, for yourself?

Identify, for yourself, some *specific* management and leadership skills, practices, or habits

- that our course design will enable you to tackle

- that will enable you to create a better impact, not only now but for the future

Course overview

The Learning Framework as a Cycle: Prepare, Act, Reflect

Learn disciplines, theories, tools — **Prepare**
Plan/hypothesize

Reflect

Act

Apply knowledge
Implement
Gather data

Reflect

Learn from the experience
Share insights, results

Prepare

Course plan

COMING WEEK: COURSETEAM TASKS	TUES	WED	THURS	FRI
WEEK 1 Mentor 1: Initial check in, including any host visa suggestions	5 Feb 1 Vision for the course, vision in global health Personal development	6 Feb WedUp	7 Feb LUNCH: Medical, Library 2 Technology; strategy; alum visit	8 Feb Organizational profile professional development plan
WEEK 2 Ticket pricing & instructions	12 Feb LUNCH legal 3 Global health 101; maternal health	13 Feb LUNCH travel; visas WedUp	14 Feb 4 Process improvement Nairobi County Hospital	15 Feb Workplan draft
WEEK 3 Mentor 2: Workplan check Ticketing check	19 Feb No class	20 Feb WedUp	21 Feb 5 Data Apollo Hospitals	22 Feb Workplan to host; Host OK response
WEEK 4 Lodging; host contributions check	26 Feb 6 HR, task shifting CHWs in Zambia	27 Feb WedUp	28 Feb 7 management matters Expert panel	1 Mar Country profile
WEEK 5 Mentor 3: Go over draft interim report BEFORE 6 March	5 Mar 8 health commodities Living Goods	6 Mar WedUp	7 Mar 9 finance Star Hospitals	8 Mar Annotated bibliography for host
WEEK 6 Mentor 4: pretrip planning On the ground contact info	12 Mar 10 expansion ELI-K	13 Mar WedUp + on-the-ground question	14 Mar 11 leading change and innovation; Bill Rodriguez	15 Mar Finalized interim report for host

WedUp

- This week, what did you **accomplish**/complete vis-à-vis your project goals and are you **on track**?

- What do you plan to do **next** week?

- What have you **learned** and what are the **implications** for your approach?
  - Newly discovered issues that may relate to **opportunities**?
  - Newly evident **risks**?

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