Managing Global Health:
Design, Delivery, and Evaluation of Global Health Programs

Course Overview

This course is designed for students who seek entrepreneurial or management roles in global development, and particularly in global health. Managing Global Health (MGH) trains and enables prospective managers and entrepreneurs to meet three of the largest challenges in global development:

1. How do we promote behavior change? Appropriate design of products, services and programs;
2. How do we make sure products and services get to those in need? Effective delivery, including the use of market mechanisms such as prices and incentives; and
3. How do we know that we’ve made a difference? Rigorous impact evaluation, with particular attention to randomized controlled trials in the field.

Through exposure to major practitioner challenges, with guest lecturers from the field, guest faculty from across the University, and engagement with cutting edge research in public health and economics, students will learn to bridge the worlds of research and action to creatively and skillfully make an impact in global health.

Content and Organization:

MGH begins with an overview of the major managerial challenges in global health, and an introduction to the dynamics of the course, which involve engaging across disciplines and with research and researchers to create evidence-based change.

There will be a heavy emphasis on applications in global health. However, the concepts will be applicable to other service and product delivery in the social enterprise sector in poor markets. Materials and cases are largely, but not exclusively, focused on public health.

The course consists of the following three Modules, each asking pressing questions in the field and drawing on cutting edge research to help us answer them:

I. Design: Why do households facing cholera and diarrheal diseases not purify their water? Why do commercial sex workers leave condoms in their pockets instead of using them? How do we promote use, not just possession, of health products and services? The answer lies in the design of products and services.

II. Delivery: What is the best way to deliver new products or services? To what extent can we draw on private distribution channels or private sector models of prices and incentives? This Module discusses the role of intermediaries and scale up in delivery channels, as well as the role of prices for health products and incentives for delivery agents.

III. Evaluation: Is it working? Good design and effective delivery relies on feedback about a program’s effectiveness. But in the absence of market forces (and sometimes even in their presence) demonstrating impact is difficult. Many programs fail to do so entirely. But
rigorous evaluation is not only a prerequisite for continued funding: it is essential to meeting managerial challenges and maximizing impact.

**Grading**

Grades will be based 50% on class participation and 50% on the paper or project (see addendum). Unexcused absences will weigh heavily on your participation grade, but I recognize life does happen. Please alert me before class if you will be absent using the HBS intranet class absence notification system.

Class participation is judged based on the quality, timing, and insight of comments and questions to guests and to your fellow students. The quantity of comments is only a factor insofar as I require a minimum number of your comments to be in a position to judge the quality of your contribution. As a general rule, you should be contributing slightly more often than once every three classes.

I recognize the number of guests and guest professors may give our class a different rhythm than is usual at HBS. If at any point during the course you feel unable to get into the discussion, please do not hesitate to email me before the following class.

Cross-registrants who are not familiar with the HBS case discussion method are strongly encouraged to meet with me and avail themselves of HBS resources on how to participate strongly in a case discussion.
Module Notes

Module I: Design

Health is an outcome which relies as much on the consumer to use than on the supplier to deliver: good health requires access and motivation. Thus every health product or service must grapple with the question of adoption, which requires appropriate and innovative design. Traditional public health approaches focus solely on access: we will explore both challenges.

The module begins by placing the customer – not the donor – at the center of public health services. We ask how services and products look differently when designed from a private sector approach, with the customer / patient at the core. We begin the feedback loop which runs through the course:

Design begins with listening to the customers, be they teenagers or hospital presidents. We then ask how innovations can be designed so they are more likely to be adopted. We close the module looking at motivating behavior change and commitment devices – how can we design products and services to help us to do what we say we want to do? (i.e. quit smoking, save more, etc.)

Module II: Delivery

This Module asks how, once designed, a product or service should be delivered. We will focus on the role private sector incentive systems and pricing mechanisms might play, whether used in the private or public sector. We’ll begin by looking at pricing, a controversial topic in public health. Even small changes in price can have large implications for delivering our products and services.

Then we’ll move to incentivizing agents: first patients themselves and the individual community health workers who are often the first line of delivery in global health, then organizational partners in the global health value chain. Creating an aligned incentive system for agents continues to challenge even the best
health care providers. And global health institutions (foundations, NGOs, suppliers, and governments) often have greatly misaligned interests.

At each level, (individual, small group, and large institution) private sector methods have been adapted with varying levels of success to try and overcome these challenges. We’ll look at the specific obstacles to using private sector methods in public health. We’ll ask what determines whether public sector, non-governmental, or private sector organizations can successfully adapt a markets-based, incentives-based approach for the delivery of global health.

**Module III: Evaluation**

Evaluation and feedback are essential to good design and delivery: not a last-step, but a requirement for step-changes in scale and impact. Our management cycle begins with listening to customers, seeking feedback at each stage, and begins again with rigorous evaluation once delivery is established.

We’ll ask how managers can design evaluations to shape their strategy and create learning cultures (not simply check a box for donors). Evaluation can generate revelations about what is truly going on in your project and drive improvements, or it can reinforce assumptions and measure outcomes of uncertain value. We’ll discuss how organizations struggle to create evaluations which focus on final outcomes (reduction in malaria cases, not increase in bednet sales) and create constant feedback mechanisms.

Finally, we will build our intuition around causal inference: when can we really say that action A caused outcome B? What do we really know from the evidence about what works in global health, and of this, what is actionable? This is the most skills-based part of the course, involving technical tool-kit building in randomized evaluation, which provides a gold-standard for causal inference.
**Syllabus**

*Tuesday, January 26*

**Session 1: The Challenge of Global Health**


Supplemental reading:


- Farmer, Paul. "From 'Marvelous Momentum' to Health Care for All."
- Sachs, Jeffrey. "Beware of False Tradeoffs."
- Bate, Roger and Kathryn Boateng. "Reality Check."
- Garrett, Laurie. "The Song Remains the Same."

*Thursday, January 28*

**Session 2, Design 1: PSI: The Social Marketing Project in Bangladesh**


Supplemental reading:


*Thursday, February 4*

**Session 3, Design 2: PSI: Social Marketing Clean Water (A)**


Supplemental reading:

Guest Speaker:

Kash Rangan, Malcolm P. McNair Professor of Marketing, Harvard Business School

Friday, February 5

Session 4, Design 3: Boston Fights Drugs (A)


Supplemental Reading


Thursday, February 11

Session 5, Design 4: Adoption of Innovation


Supplemental reading:


Guest speaker:

Richard Bohmer, Senior Lecturer of Business Administration, Harvard Business School

Friday, February 12

Session 6, Design 5: Rapid Diagnostic Tests for Malaria

Thursday, February 18

**Session 7, Design 6: Stikk.com**


**Supplemental Reading**


**Guest speaker:**

Dean Karlan, Professor of Economics, Yale University

---

Friday, February 19

**Session 8, Design 7: Institute for Healthcare Improvement: The Campaign to Save 100,000 Lives**


**Supplemental Reading**


---

Wednesday, February 24
Session 9, Delivery 1: At What Price Health Care?

Supplemental Reading:


Thursday, February 25

Session 10, Delivery 2: BRAC: TB in Bangladesh

May, Maria, Joseph Rhatigan, and Richard Cash. 2009. "BRAC’s Tuberculosis Program: Pioneering DOTS Treatment for TB in Rural Bangladesh."

Supplemental reading:

"Community Health Workers at the Bangladesh Rural Advancement Committee (BRAC)."


Friday, February 26

Session 11: Field Study and Paper Intensives

Meet in Paper Subgroups to exchange relevant literature and ideas.

Thursday, March 4

Session 12, Delivery 4: Partners in Health


Supplemental material:

Paul Farmer's Creed: [http://www.youtube.com/watch?v=xJpZnUjtorI](http://www.youtube.com/watch?v=xJpZnUjtorI)

PIH in Rwanda:
**Friday, March 5**

**Session 13, Delivery 5: CHW Incentives in Zambia: Incentive Design and Management**


Supplemental reading:


Guest speaker: Dr. Victor Mukonka, Director of Public Policy and Research, Ministry of Health, Government of Zambia.

---

**Wednesday, March 10**

**Session 14, Delivery 6: Value Based Health Care Delivery**


Guest speaker: Michael Porter, Bishop William Lawrence University Professor, Harvard University.

---

**Thursday, March 11**

**Session 15, Delivery 7: The Coartem Challenge (A)**


Supplemental reading:


Guest speaker: Silvio Gabriel, Executive Vice President and General Manager of Malaria Initiatives in Novartis.

---

**Friday, March 12**

**Session 16, Delivery 8: BCG and Roll Back Malaria**

Guest Speaker:

Wendy Woods, Partner & Managing Director, BCG

*Thursday, March 25*

**Session 17, Evaluation 1: Evaluating Microsavings Programs: Green Bank of the Philippines**

Ashraf, Nava, Dean Karlan, and Wesley Yin. 2009. "Evaluating Microsavings Programs: Green Bank of the Philippines (A)." *HBS Case*

*Friday, March 26*

**Session 18, Evaluation 2: Technical Workshop on Randomization**

Guest speaker:

Marc Shotland, JPAL, Senior Project Manager

*Wednesday, March 31*

**Session 19, Evaluation 3: De-Worm the World**


Deworm the World Video I: [http://www.youtube.com/watch?v=i2U-pOFFaEM](http://www.youtube.com/watch?v=i2U-pOFFaEM)

Deworm the World Video II: [http://www.youtube.com/watch?v=KWt7l4lPUk4](http://www.youtube.com/watch?v=KWt7l4lPUk4)

Kenyan Prime Minister’s Speech: [http://www.youtube.com/watch?v=Ijir5QpoeQA](http://www.youtube.com/watch?v=Ijir5QpoeQA)

Guest speakers:

Karen Levy, Director of IPA Kenya

*Thursday, April 1*

**Session 20: Final Class & Project Presentations**

*Field study teams will present final deliverables.*
Addendum: Field Study Projects

MGH is offered in tandem with a Field Study. Students who choose to may enroll in both the course and the field study (under my supervision). They will take on a group projects which addresses design, delivery and/or evaluation of a promising program, product or service. Field studies will be intensive, as befits credit for both a full field study and the project of the MGH classroom course. All field studies must be approved by me by January 27th.

Teams: Students can assemble into groups of up to 5 students on their own or with my assistance. I encourage teams to be interdisciplinary and include students from across the University.

Sponsoring Organizations: Sponsoring organizations include Population Services International, the Bill & Melinda Gates Foundation, the Clinton HIV/AIDS Initiative, and similar groups. (All sponsoring organizations have posted field studies on the HBS intranet). You should choose a project you are excited by. Students also often choose sponsoring organizations based on career interest.

Student teams may also work with other sponsoring organizations if they have a pre-existing relationship. For example, you may work with the organization you interned for last summer, or worked for before graduate school. Sponsoring organizations need not be non-profit (for example, one could do a project with a medical supplier). However, projects must have a clear and compelling relationship to the themes of the course.

Deliverables: Field study deliverables will be jointly developed by student teams, myself, and the sponsoring organization. They might include reports, presentations, recommendations, or evaluation plans. Deliverables should be robust and useful to the sponsor.

Travel and Field Work: Travel to the field is not required for completion of a field study. However, sponsoring organizations or student teams might wish to do so (for example, over Spring Break). There are modest financial resources available through the Social Enterprise Initiative for such expenses, but applying for and securing them are the responsibility of the student team.

Feedback and Guidance: Field study teams will have an opportunity to present preliminary deliverables to the class for feedback and guidance during the course. Final deliverables are due the last day of class to the sponsoring organization, and teams will also present deliverables to the class. I am available throughout the semester to provide feedback and guidance as needed, but field study teams should be self-directed. If teams do not seek guidance from me, I will assume projects are going well.

Finally, this option is open only to students also enrolled in the Field Study.
**Addendum: Papers**

All students not enrolled in field studies must complete a paper, alone or in teams of up to 3 students, on a topic of your choice. Please email a paper proposal to me (with a copy to my assistant, Katie Noddin, at knoddin@hbs.edu) by Feb 12th. The proposal must address:

1) The description of the topic, including the design, delivery, and/or evaluative question to be answered, and

2) How the topic relates specifically to the themes of the class. I encourage you to err on the side of depth, rather than breadth, in selecting a topic. Focused investigation of a specific problem or question is preferable to a broad discussion of issues.

The paper is due the final day of class, Thursday April 1st, by 5 pm, via email to me with a copy to my assistant Katie Noddin.

Paper topics need not address public health issues provided they meet these criteria. (For example, one could propose to deliver a new financial services product, or the evaluation of an agricultural subsidy program). Papers need not include original research or field work.

Papers should be 5-8 pages long for individuals and 8-15 pages for groups, with a font size no smaller than 12 point. Quality of argument and clarity of presentation, not length, should be your goal.

**Research Support at HBS:** Reference Librarians at Baker Library are available to assist you in locating and using resources for your research. You can contact them for customized assistance by email: refquest@hbs.edu, by phone at 617-495-6040 or just by walking in and asking for assistance [See hours at the Baker website - http://www.library.hbs.edu/info/hours.html]. The Librarians at Baker are an excellent resource, underutilized by students, and you should not hesitate to take advantage of their expertise, which is available to all MGH students (MBA candidates and cross-registrants).