



Shifting Delivery Systems in the Field while Influencing Global Policy to Change Entire Health Systems

– March 2016 –

Introduction

VillageReach’s mission is to save lives and improve health by increasing access to quality healthcare for the world’s most underserved communities. VillageReach focuses on an area that is particularly problematic — the lower levels or “last mile” of healthcare delivery in low-income countries.

To achieve its mission VillageReach has created a four-step methodology for identifying, developing, promoting and supporting powerful system innovations that shift how ministries of health, their partners and the private sector deliver healthcare to the most underserved communities. Following this methodology, VillageReach stewards an ongoing process in its own operations and in partnership with others to field-test, measure, refine and prove beneficial system innovations. Once these innovations have been shown to create impact, VillageReach orchestrates approaches for governments, global health institutions, non-governmental organizations (NGOs) and/or the private sector to adopt, scale and sustain them.

The goal of connecting these two distant ends of global healthcare spectrum — developing and proving the practical aspects of last-mile innovations in the field and then redirecting global and national institutions, all of which are significantly larger than VillageReach, in new directions — is to achieve permanent changes to healthcare delivery, not just through more effort but by catalyzing fundamental equilibrium shifts in the health system.

Some examples

Examples of VillageReach’s efforts include the following:

- Influencing and leveraging the new immunization supply chain strategy of Gavi (also known as the global alliance for vaccines and immunization, or the Vaccine Alliance) to organize, incentivize, and direct implementing organizations to adopt a new approach to vaccine distribution (which VillageReach developed initially in its field work), and then to scale and sustain that approach in more than 50 low-income countries in partnership with the local ministries of health.
- Promoting *OpenLMIS* logistics management information system software for medical commodity distribution (which VillageReach initially created and demonstrated in the field), with a collective of large funders which are now incentivizing key NGOs to develop and deploy enhancements to OpenLMIS for the benefit of all, rather than developing divergent and less capable systems of their own.

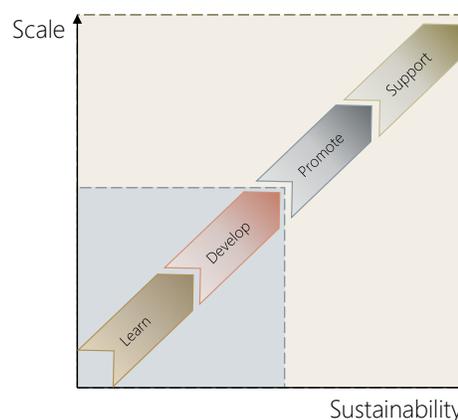
- Malawi’s Ministry of Health directing all NGOs wanting to implement Maternal and Child Health projects focused on mobile phone-based patient outreach and education to join VillageReach’s Health Center by Phone initiative, and parallel language supportive of the initiative by the U.S. Agency for International Development in its new \$95-\$105 million Malawi maternal and child health request for proposals.

In these examples, the field implementers cannot scale and sustain new innovations without the support of the large international and national institutions, while these large institutions cannot meet their goals of improving access to quality healthcare globally and in particular segments of society without an ongoing stream of proven innovations from the field. Through alignment of action at both ends of the spectrum, VillageReach works to shift the entire healthcare delivery system to a new state of increased effectiveness, efficiency, and quality that enables healthcare to reach all communities.

Background: The VillageReach methodology

Governments, NGOs, philanthropies, and the private sector have applied tremendous amounts of time and money to develop new medical products, technologies, and treatments directed at the healthcare needs of communities in low-income countries. Huge progress has been made, yet many health systems remain ineffective due to chronic lack of investment, splintered and unaligned approaches across the last mile of delivery to communities in a great diversity of countries and situations, duplicative efforts, and rigid historical procedures in most large and important organizations. The status quo, therefore, is that the health system is incapable of handling the increase in supply and actually delivering the volume of new interventions to the communities they were designed for, especially those located in to hard-to-reach areas. For example, between 2010 and 2020, the number of different vaccine products in immunization supply chains will double, the total volume handled by those supply chains will quadruple, and their overall value will multiply five times. These increases will place significant additional pressure on healthcare delivery systems which are already under-performing.

To shape and accelerate positive change, VillageReach integrates the insights and data from direct action in the field (i.e., the Learn and Develop stages in this diagram, which foster powerful innovation but which cannot possibly drive scale and sustainability on their own to meet the world’s full need over time), with its work to influence global and national policy change along with action by others (i.e., the Promote and Support stages, where large institutions operate at scale through their funding and reach, but are not suited to identify and respond creatively and dynamically to field-level delivery barriers and opportunities).



More specifically, VillageReach’s strong working presence at the service delivery level within different countries allows it to learn and gain a deep understanding of barriers that prevent quality healthcare from reaching all communities. In partnership with ministries of health and other country partners, VillageReach develops, tests, refines, and proves new solutions. Top priorities based on VillageReach’s assessment of their potential for increasing healthcare access

include innovations in supply chain logistics, information and communications technology, infrastructure, and human resource systems.

At the other end of the spectrum, around the same set of system innovations, VillageReach advocates and provides change management and technical support to the largest healthcare policy and funding institutions in the world (e.g., World Health Organization (WHO), United Nations Children’s Fund (UNICEF) and national ministries of health) for the purpose of increasing and sustaining the total, actual healthcare delivered.

The following chart summarizes how the three VillageReach system innovations listed above are currently moving through the full methodology.



Next Generation Immunization Supply Chain	<ul style="list-style-type: none"> - Old multi-tier design - New private sector designs 	<ul style="list-style-type: none"> - Streamlined distribution - Visibility to manage 	<ul style="list-style-type: none"> - Evidence of reaching more children - Gavi adopts as its strategy 	<ul style="list-style-type: none"> - Gavi, WHO, UNICEF, VillageReach & multiple partners scale to 50 countries
OpenLMIS	<ul style="list-style-type: none"> - Fragmented efforts - Islands of data - Custom v. product 	<ul style="list-style-type: none"> - Country-lead requirements - Open source, enterprise-class LMIS 	<ul style="list-style-type: none"> - Evidence of efficiency - Donors/partners adopt a collective approach 	<ul style="list-style-type: none"> - Implemented in five countries (two nationwide) - Others lining up
Health Center by Phone	<ul style="list-style-type: none"> - Patients lack access to information - Poor consumers burden system 	<ul style="list-style-type: none"> - Call center, tips & reminder service - Visibility into health challenges 	<ul style="list-style-type: none"> - Evidence of behavior change - Ministry and Airtel adopt 	<ul style="list-style-type: none"> - Support nationwide scale up - Explore replication in other countries

Going deeper on the first row of this chart, “Next Generation Immunization Supply Chain” illustrates how VillageReach’s mobilization of the ecosystem of actors in the system plays out:

- The original immunization system design was appropriate for its time and circumstances (beginning forty years ago), and produced fantastic results, but circumstances, goals, methodologies, and technologies have changed such that the status quo approach is now grossly outdated and inadequate.
- Institutions and systems, however, are built around that status quo, and while they work hard to tackle current challenges, they are not positioned to innovate and push for change to a new, improved status quo.
- VillageReach, informed by achievements in other sectors, adapts borrowed technologies and processes in a demonstration project and produces better results at a significantly lower cost. For example, VillageReach’s redesign of the immunization supply chain in Cabo Delgado Province, Mozambique, increased the percentage of children under five years of age who are fully vaccinated from 68 percent to 95 percent at a 20 percent reduction in government operating costs per dose delivered.
- Other organizations in different countries replicate the approach, get similar results, and conclude that the new solution is not only much better, but generally applicable. Simulated computer supply chain modeling by academic institutions also confirms the advantages of the new approach over the status quo.

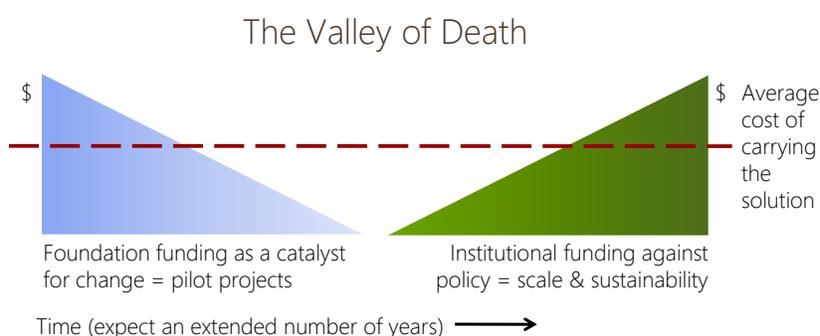
- e) With the credibility of evidence from its own and the experiences of and validation by others, VillageReach works to get the high level status quo institutions to adopt the new approach as their policy and strategy.
- f) While hurdles and inertia cause periodic backsliding, constant vigilance by VillageReach and key partners ultimately causes the large implementing organizations and funders to reorient their processes, and eventually the whole system shifts to a new equilibrium.

Underlying principles and procedures supporting systems change

VillageReach's 15 years of learning and experimentation highlights several lessons which have been fundamental to its success:

- Whether in the last mile or in global policy context, one must do an exceptional job identifying the systemic but movable barriers which serve to maintain the status quo, and the decision makers who can actually affect change at those potential inflection points. This understanding is gained through both diligent analysis and entrepreneurial iteration.
- When pursuing systemic change, approaches, tools and skills must be flexible and adaptable, because complex systems involving people, institutions, structures, processes, policies and incentives are always shifting. In particular for VillageReach:
 - When seeking greater scale and sustainability via indirect influence on large public sector institutions (through the Promote and Support phases in the methodology), VillageReach plays monitoring and activist roles rooted in the credibility of its field-level innovations. These informal, lead-from-behind roles are necessary because decisions in these institutions are usually driven by policies, protocols and consensus-oriented committees which private or independent organizations like VillageReach cannot manage directly.
 - In last-mile field work, on the other hand, social and economic forces, logistical difficulties, and diverse cultures require a different type of adaptability. Iterative entrepreneurship (in addition to or instead of linear experimentation and analysis) is often a crucial component in the identification of new system innovations in this context.
 - For these reasons, VillageReach always allocates a portion of its time and resources for trying new approaches, which in turn requires either unrestricted funding or strategic funding allocated specifically to this purpose.
- It is important to anticipate that status quo players tend naturally to slip back into old behaviors and protocols when confronted with new challenges, and that even new approaches will be fitted in to their old systems, threatening their ability to adapt and evolve. For example, in the Next Generation Immunization Supply Chain work, key global health institutions have favored small, incremental changes to the status quo rather than the more substantial changes needed to get to the new state required for success. Therefore, a combination of constant vigilance, positive demonstrations and support are needed to help support those players as they enter new territory.
- Demonstrations to prove the viability of new system innovations must be designed from the outset to catalyze credibility, uptake and replication by other organizations, across countries. This requires a couple of key steps:

- Establishing criteria so every demonstration has global scale in mind from the outset, being locally appropriate and globally adaptable.
- Documenting solid evidence and results carefully, often in partnership with academic institutions and other independent evaluators.
- Transitioning from areas of direct influence (i.e., the Learn and Develop phases of the methodology) to areas of indirect influence where greater scale and sustainability are possible (i.e., the Promote and Support phases) can be difficult and costly, and is usually not the priority of either catalytic donors who fund innovation and demonstration projects nor of institutional donors who fund the delivery of services by status quo providers. Here the social entrepreneur, by definition, is operating in a funding gap while trying to convince institutional donors to try a new approach. This chasm of financial scarcity is often called the “Valley of Death,” where many great solutions die before the institutional donors decide whether to change the status quo and step in to fund the new approach sustainably and at scale. High degrees of understanding, risk, and persistence are required to make the transition and cross the Valley of Death!



- Finally, mobilizing diverse actors in a system can take many forms, although some consistent elements are often present.¹ The effort can be overt, where a backbone organization is officially appointed and participating organizations are aware they have joined a collective effort, or it can be rather vague where a self-appointed steward such as VillageReach influences official backbone organizations, such as Gavi or the World Health Organization, to act. In some cases implementing organizations are moved towards a common agenda without realizing it. With both overt and less-defined collective approaches, continuous communication that reinforces the collective agenda, metrics for success, and the benefits of collaborative effort are critical for mobilizing the ecosystem of actors. Irrespective of its form, collective impact is a powerful tool for a social entrepreneur to achieve impact at a level of scale and sustainability well beyond the direct reach of her or his own organization.

¹ Literature on *collective impact*, for example, often cites five aspects of successful action in a sector between multiple organizations: a common agenda; shared measurement systems; mutually reinforcing activities; continuous communications; and backbone support. See for example Hanleybrown, Kania and Kramer, “Channeling Change: Making Collective Impact Work,” *Stanford Social Innovation Review*, January 2012.