Principals at Scale

Jonathan Jackson, CEO

Design With the User

Understand the Existing Ecosystem

Design for Scale

Build for Sustainability

Be Collaborative

Be Data Driven

Use Open Standards, Open Data, Open Source, and Open Innovation

Reuse and Improve

Address Privacy & Security

SCOPE

SCALE

SCOPE vs SCALE

SCOPE
vs
SCALE

SCOPE vs SCALE

SCOPE vs SCALE

~~SCOPE vs SCALE~~
Stop. Lying.

BPL
APL

समेकित
पूरक पो
10:40
गृह भ्रमण
प्रियंका कुशवाह
पति: जगदीश
14 दिन देर से
रीना
पति: Suresh
Kushwah
3 दिन देर से
रचना शर्मा
बच्चा: सुमित
1 दिन देर से
प्रियंका
बच्चा: अंशिता
जिला
आई.सी.डी.एस परियोजना (ब्लॉक)
सेक्टर
ग्राम / वार्ड
आँगनवाड़ी केन्द्र
आँगनवाड़ी कार्यकर्ता
आँगनवाड़ी सहायिका

SCOPE vs SCALE

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Thank you

Swiss TPH
Swiss Tropical and Public Health Institute
Schweizerisches Tropen- und Public Health-Institut
Institut Tropical et de Santé Publique Suisse

Associated Institute of the University of Basel

Carmen Sant Fruchtman
c.santfruchtman@swisstph.ch

Why is a technically excellent innovation not always enough?

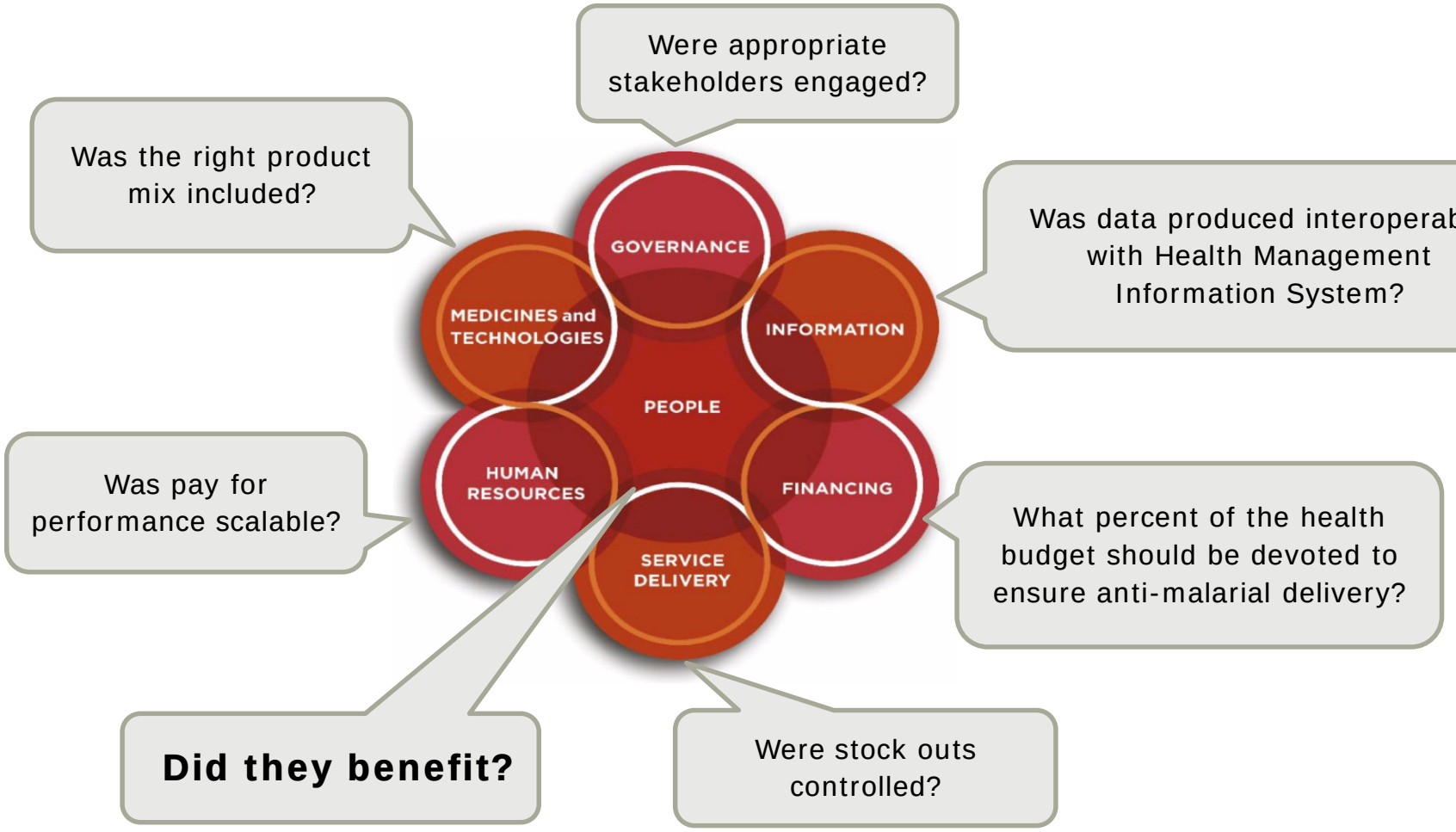
Global Digital Health Forum

10th of December 2018

SMS for Life

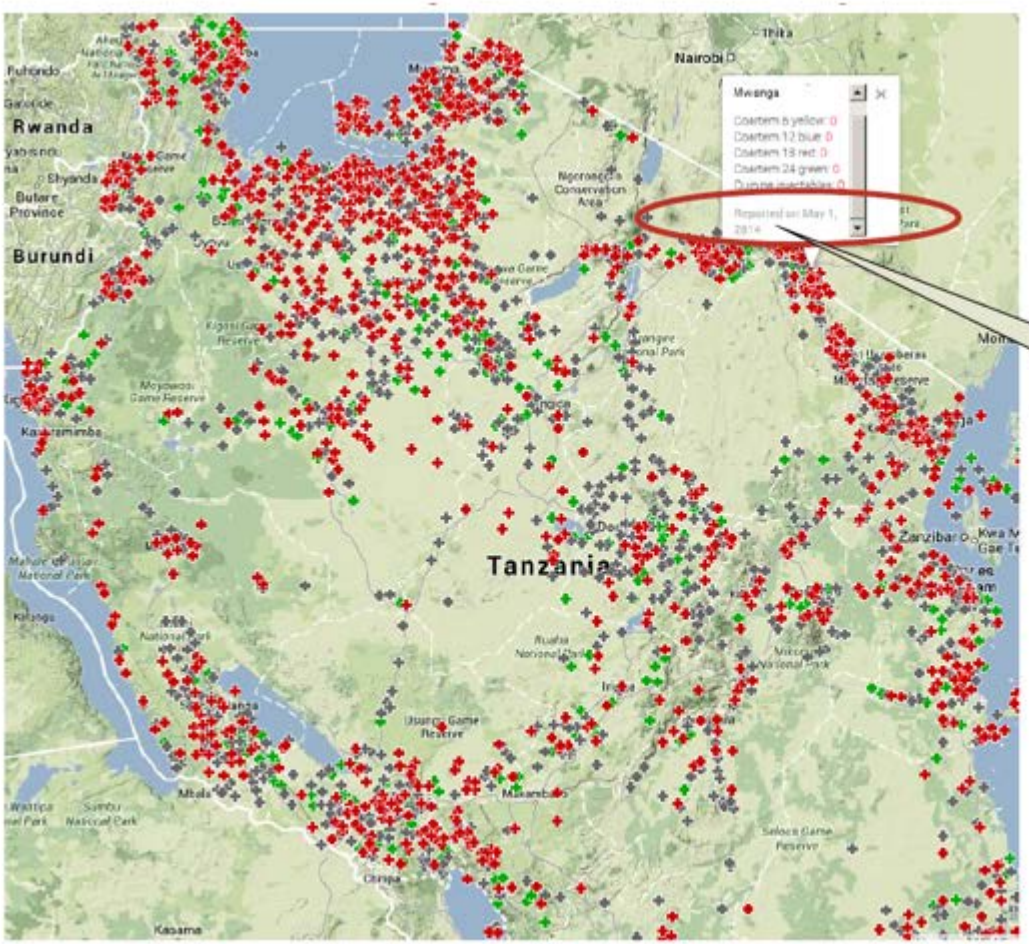
- Real-time monitoring of antimalarial stock-outs using SMS
- Pilot reduced stock outs to almost negligible levels
- National roll out in 2011 to more than 5000 health facilities in Tanzania
- Cancellation without replacement in 2015

Let’s look at it from a health system perspective...



1. Scalable and reliable technology

Medicines & Technology



Red if stock-out this week

Green if stock in

Grey if no report yet

Source: SMS for Life Tanzania

2. Surveillance without response

People

Service Delivery

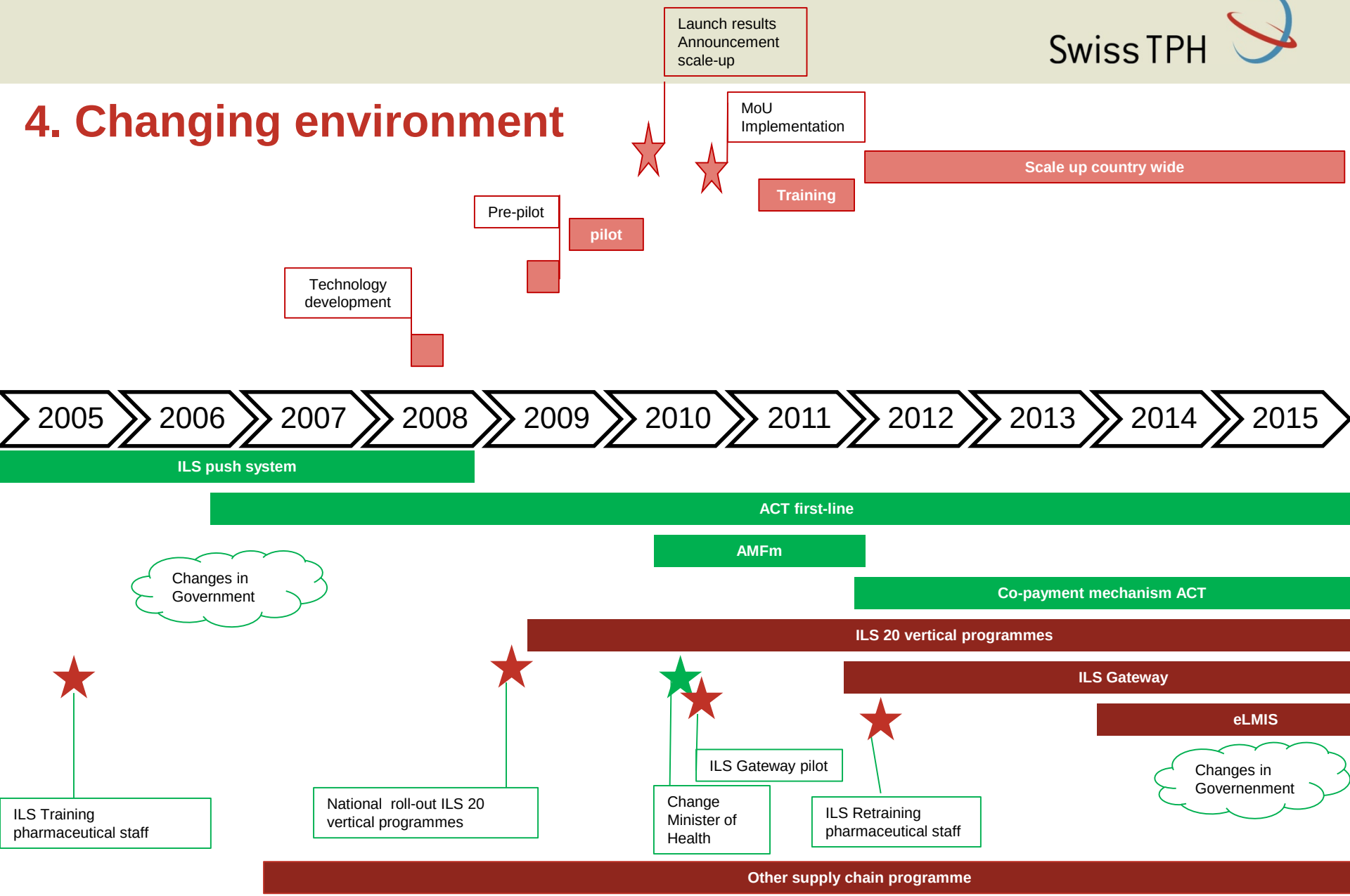
- ❑ The system was designed to bring visibility to stock outs
  - BUT... **what** should be done in case of stock out?
  - **Who** should take action?
- ❑ Importance to involve the right stakeholders in programme design

3. Costly intervention

Finance

- The technology was **inexpensive**
- However, **the costs at scale** supposed a large burden for the government
  - The government never assumed the costs in its budget

4. Changing environment



Lessons learned

1. A large scale digital intervention was **feasible** and **acceptable** in Tanzania
2. Designing to bring visibility was not enough to reduce stock outs when going to scale
3. A **costing exercise** would have been helpful already during the pilot to address some of the scale up affordability and ownership challenges at scale
4. Need for **agile** technology, as well as programme design and management

THANK YOU!

Selemani Mbuyita, MPH
Research Scientist and Consultant

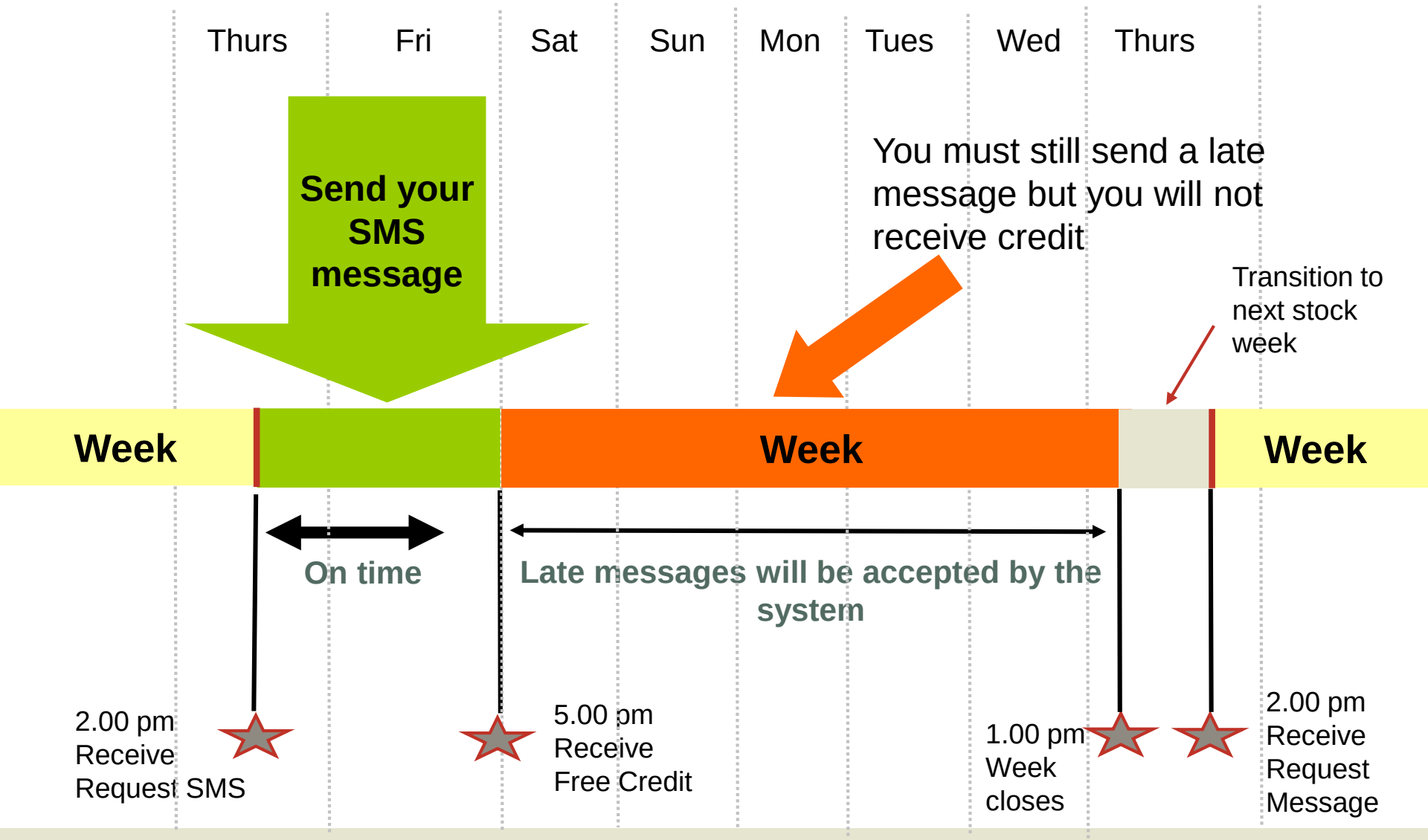
Isaac Lyatuu, Msc
Africa Academy for Public Health

Dr Mary Mwanyika Sando, MD MPH
Africa Academy for Public Health

Prof. Don de Savigny PhD, MSc, Bsc
Swiss Tropical and Public Health Institute

Dr. Daniel Cobos
Swiss Tropical and Public Health Institute

Overview Timeline



Pilot results - 2010

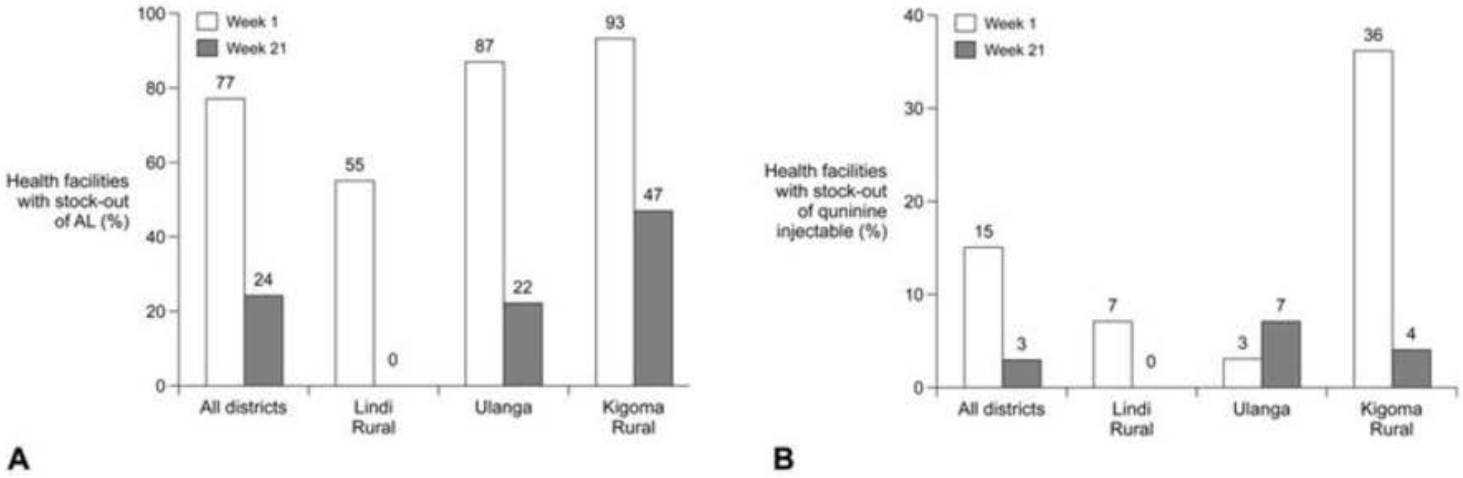


Figure 3

Proportion of health facilities with stock-out of (a) 1 type of dosage pack of artemether-lumefantrine (AL) or (b) quinine injectable at the start (week 1) or end (week 21) of the SMS for Life pilot overall and by district.

Barrington et al. SMS for Life: a pilot project to improve anti-malarial drug supply management in rural Tanzania using standard technology, 2010