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When Local Isn't Global: How Approaches to Healthcare Innovation in Low Resource Contexts Can Inform Changemaker Education

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Abstract

While research on how healthcare organizations implement innovations exists, less scholarship describes how organizational origins influence innovation choices. A multi-year and multi-organizational study on the healthcare system in Repiblik Ayiti (Haiti) was conducted from 2017 to 2021. The study reveals a consistent difference between the arc of the journey of the foreign-funded healthcare ventures versus that of the locally-founded healthcare ventures. We find that origin (local vs. foreign-founded) can influence the pace and sequence of innovation. Both approaches are needed to address gaps in access to care at the bottom of the pyramid. This article examines how context informs the innovation approach and how our findings may influence curricula and program development for social innovation and entrepreneurship educators.

Executive Summary

While research on how healthcare organizations implement innovations exists, less scholarship describes how organizational origins influence innovation choices. As a multi-institutional team of innovation researchers and educators, we conducted a multi-year and multi-organizational study on the healthcare system in Repiblik Ayiti (Haiti) from 2017 to 2021. The study reveals a consistent difference between the arc of the journey of the foreign-funded healthcare ventures versus that of the locally-founded healthcare ventures. We find that origin (local vs. foreign-founded) can influence the pace and sequence of innovation (Authors et al., 2022). Both approaches are needed to address gaps in access to care at the bottom of the pyramid. This article examines how context informs the innovation approach and how our findings may influence curricula and program development for social innovation and entrepreneurship educators. Healthcare entrepreneurs, funders, and policymakers can also incorporate the learnings into their programs and policies.

Background & Context

Haiti and the Dominican Republic share the island known as Hispañiola, originally named *Ayiti* by the indigenous Taino people. Ayiti, which will be used interchangeably with Haiti, means mountainous land. After Christopher Columbus and his crew "found" the island in

1492, they viciously exploited and eventually extinguished the Taino people. French colonists eventually arrived squatting on the western end of the island that was eventually ceded to France in 1697 (Casimir & Mignolo, 2020), which became Haiti today. Until 1801, French colonizers trafficked Western Africans, forced them into slave labor working their lucrative plantations, and enacted some of the most brutal acts against them (Casimir & Mignolo, 2020) (James, The Black Jacobins, 1989).

In 1804, led by a coalition of African men and women revolutionist slaves, Haiti became the first free Black Nation in Western Hemisphere. The formerly enslaved declared that Ayiti was a land where any person that set foot on its soil was free by their new constitution (Corbett, 1999). Haiti also sent freedom fighters to fight slavery in Latin America and Africa. Today, the country is widely known for being one of the world's impoverished countries with natural disasters, a presidential assassination, notable immigrant crises at US borders, and a gang-locked country (Charles, 2022). However, there is a bridge of incidents between colonialism and present-day predicaments. For example, France forced Haitians to pay approximately $560 million in freedom ransom in that period. Economists estimate a resultant real loss of around $21 billion (Gamio, Méheut, Porter, Gebrekidan, McCann, & Apuzzo, 2022).

The country's Ministry of Health, Ministè Sante Piblik e Popilasyon (MSPP), was severely underfunded at the time of this study. Its budget was 4-5% (HaitiLibre, 2016) of the total national budget, approximately USD 13 per capita (Cavagnero et al., 2017). By comparison, its neighbor, the Dominican Republic, spent ~ USD 180 per capita on healthcare. This is less than one US cent expenditure per person annually for the nearly 11 million people that reside in the country. Despite its limited resources, the MSPP has an effective prevention and immunization operation.

Much of the country's healthcare is privatized, a trend that began during the U.S. military occupation of Haiti from 1915-1934. Privatization continued and accelerated, particularly after the 2010 earthquake. The privatized segment of the healthcare system can be divided into locally-founded and foreign-founded entities (Barthélemy, Woolley, Dérivois-Mérisier, Larsen, Chrysostome, & Télémaque, 2019). A severe human capital flight also plagues the sector. There is no national standard of care policy; this gap creates a breeding ground for unethical practices. Over 90% of the population is uninsured (Nau, 2017). These historical and political factors influence healthcare organizational origins and innovation approaches.

Research Approach and Findings

Our research team collected qualitative data via interview responses with 28 individuals over 13 meetings in one-on-one and group formats, archival information, and email correspondence with organizational leaders between 2017 and 2021 from five private and private-public partnership healthcare organizations (three foreign and two local). The study analysis focused on the five healthcare entities as their catchment areas covered most of the country's 10 geographical departments. After an inductive analysis, our findings suggest that the organization’s origin influences the mix of innovations implemented. Examining the combination of innovations or lack thereof may help explain why some innovations in Low-Middle-Income Countries/Contexts (LMICs) succeed while others fail. Consistent with broader

studies conducted in other LMICs, we found three key innovation categories that are implemented in Ayiti's healthcare sector (Glover et al., 2022): (1) Product/Service Innovations that are the core services of the organization, e.g., delivering care, (2) Business Model Innovations that provide the revenue structure (Hwang & Christensen, 2008), e.g., a non-profit with a for-profit product sales model (Alberti & Varon Garrido, 2017), and (3) Social Innovations that seek to impact equality, justice, and empowerment, e.g., addressing social determinants of health such as housing or food needs within a healthcare delivery setting (Anderson, Curtis, & Wittig, 2014).

Entities did not implement a single innovation type but rather implemented sets of innovations. Foreign-founded and locally-founded organizations tended to have different approaches. Locally-founded organizations are more likely to combine all three innovation types at their outset, driven by necessity, while foreign-founded organizations arrive at a three-innovation-type solution set over time. The following provides two examples of locally-founded vs. foreign-founded organizations and their different approaches to combining innovation types.

Locally-founded Organizations

One of the locally-founded organizations interviewed was Ayiti's first group practice business model as a group of five physicians. One partner reflecting on their startup stated:

> *While touring this country, you will observe that there are many small practices. Instead of everyone coming together to run a larger more state-of-the-art practice, each person would rather do their own thing. That's why here…we decided that we would not function that way.*

The organizations aimed to not only provide healthcare (Service Innovation) to the country's most marginalized citizens (Social Innovation) but also to develop a financially sustainable group practice (Business Model Innovation). Locally-founded organizations were less likely to receive philanthropic or bank support and demonstrated ingenuity in their Business Model development by introducing new business models to the market.

Foreign-founded Organizations

Foreign-founded organizations were more likely to use philanthropic support to add a broader array of social services over time, e.g., agriculture and water programs. These organizations also expressed the importance of partnerships with public organizations for their success. For example, one organization started as a private medical mission model and transitioned to a public-private, full-service primary care model. They shared:

> *I can say that some organizations come with their means and had their own vision and approach to how they intended to work on the ground. We have entered a partnership with [the Ministry of Health] and it may be the case that the approach they wanted to take to achieve their results is not the same way that we see it. Still, we need to both understand each other and figure out a mutually agreeable way to collaborate*.

This quote provides insight into the importance of local-stakeholder collaboration for foreign-founded organizations.

Implications for Changemaker Education

Currently, the widely operational definition of "social innovation" that many programs use doesn't acknowledge the exploitative legacies and inequitable current-day systems (Teasdale et al., 2021). This creates opportunities to recreate inequities in similar or different forms within education systems, funding practices, and implementation approaches. Educators should instruct students to consider the business model and social innovations in concert with product/service innovations, which is a departure from the traditional approach of developing the product/service innovation before the business model or social innovation. Educators can ensure that rising change-makers, i.e., individuals who take action to solve a social problem in their communities (Ashoka, 2022), gain an appreciation for the time, nuance, and systems understanding required to address healthcare challenges comprehensively in LMICs. Studying both locally-founded and foreign-founded cases will inform rising change-makers of the importance of implementing innovation sets, justice, systems thinking, ethical engagement approaches, and reflective practices in their solutions.

First, this study demonstrates the importance of educating students using case examples that address justice. Justice is defined as the principle or ideal of just dealing or right action (Merriam-Webster Dictionary, 2022). A justice-driven definition of social innovation helps change-makers examine how they may be perpetuating inequity and injustice in unintentional ways. While locally-founded organizations may not have access to the same level of resources, they implement more comprehensive sets of innovations more immediately. Our study also calls on funders and policymakers to reflect on the ways that they may be perpetuating inequity and injustice in their resource allocation decision-making models. Second, our study highlights the need to educate rising change-makers in systems thinking principles. System thinking is the ability to understand an interconnected set of elements that is coherently organized in a way that achieves the desired purpose (Stroh, 2015). No matter the scale or design of an intervention, learners or students need to gain a full appreciation of the systems they are addressing, including the history, their stakeholders (particularly the existing proximate change-makers), the structures, and the dynamics among these elements. Finally, change-making involves experiential learning and reflective practices. Instructors can use live cases, long-term innovation implementation projects with community members, and journaling activities to help students examine their power, privilege, and positionality and to co-create compassionate solutions with persons with lived experiences (Glover and Wong, 2022). Funders and policymakers are behooved to engage in these practices so much more so. Such approaches to change will lead us not just to create single innovations but sets and systems of innovations that are more sustainable and equitable for all.

References

Alberti, F. G., & Varon Garrido, M. A. Can profit and sustainability goals co-exist? New business models for hybrid firms. *Journal of Business Strategy, 38*(1), (2017). 3-13.

Anderson, T., Curtis, A., & Wittig, C. *Transformative Social Innovation.* (2014, January). From (Masters Thesis): http://www.transitsocialinnovation.eu/content/original/Book%20covers/Local%20PDFs/136%20Definitions-and-Theory-in-Social-Innovation-Final-1.pdf

Barthélemy, E. J., Woolley, P. M., Dérivois-Mérisier, E., Larsen, M. G., Chrysostome, M. J., & Télémaque, L. F. (2019, February). HAÏTI : UNE PERSPECTIVE LOCALE SUR LA CHIRURGIE GLOBALE. *INFOCHIR – RHCA, 5*(26), (2019, February). 41-45.

Casimir, J. L., & Mignolo, W. D. *The Haitians: A Decolonial History.* Chapel Hill, North Carolina, United States of America: The University of North Carolina Press. (2020, February 11).

Charles, J. To save lives, Haiti should focus on primary care more than hospitals, report says. Miami: Miami Herald. (2017, June 27). From https://www.miamiherald.com/news/nation-world/world/americas/haiti/article158264744.html

Charles, J. History of Haiti From rebellious beginnings, Haiti has been beset by violence. *Miami Herald*. Miami: Miami Herald. (2022, December 9). From https://www.miamiherald.com/news/nation-world/world/americas/haiti/article266153781.html

Corbett, B. *The 1805 Consitution of Haiti*. (1999, April 4). From http://faculty.webster.edu/corbetre/haiti/history/earlyhaiti/1805-const.htm

Doblin. *Ten Types of Innovation.* Delloitte Development LLC. (2015).

Gamio, L., Méheut, C., Porter, C., Gebrekidan, S., McCann, A., & Apuzzo, M. *The Ransom Haiti's Lost Billions.* New York: The New York Times. (2022, May 20).

Gardner, C. A., Acharya, T., & Yach, D. Technological And Social Innovation: A Unifying New Paradigm For Global Health. *Health Affairs, 26*(4), (2007). 1052-1061.

Gebrekidan, S. The Root of Haiti's Misery: Reparations to Enslavers. *The New York Times*. (2022, May 26).

Glover, W., Jacques, S., Barthélemy, E., Richard, W., & Obounou, R. The Ties that Bind: Innovation Configuration Linkages in Low and Middle-Income Healthcare Delivery Settings. *(Under Review)*, (2022). 1-25.

HaitiLibre. *Haiti - Economy: Overview of budget allocations (2016-2017)*. 2017 From http://www.haitilibre.com/en/news-18226-haiti-economy-overview-of-budget-allocations-2016-2017.html

Hwang, J., & Christensen, C. M. Disruptive Innovation In Health Care Delivery: A Framework For Business-Model Innovation. *Health Affairs, 27*(5), (2008). 1329-1335.

James, C. *The Black Jacobins.* New York, New York: Vintage Books Edition. (1989).

James, C. *The Black Jacobins: Toussaint L'Ouverture and the San Domingo Revolution.* Knopf Doubleday Publishing Group. (1989).

Lewis, V. A., Colla, C. H., Schoenherr, K. E., Shortell, S. M., & Fisher, E. S. Innovation in the Safety Net: Integrating Community Health Centers Through Accountable Care. *J GEN INTERN MED, 29*, (2014, 10 July). 1484–1490.

Mason, C., Barraket, J., Friel, S., O'Rourke, K., & Stenta, C.-P. Social innovation for the promotion of health equity. *Health Promotion International, 30*(suppl_2), (2015, September 28). ii116-11125.

Merriam-Webster Dictionary. (n.d.). From https://www.merriam-webster.com/dictionary/justice

Nau, C. (2017, June). Haitian Economist. (R. Obounou, Interviewer)

Stroh, D. P. (2015). *Systems Thinking for Social Change.* White River Junction, Vermont: Chelsea Green Publishing.

The 1805 Constitution of Haiti. (n.d.).