

DesignforHealth

Value of Design



www.designforhealth.org

BILL & MELINDA
GATES foundation

USAID | CENTER FOR
INNOVATION AND IMPACT

ABOUT THIS RESOURCE

This resource helps articulate the benefits that design skills and mindsets can bring to global health projects through a curated set of value of design statements that connect the benefits of design to key challenges facing the global health community.

RESOURCE FEATURES

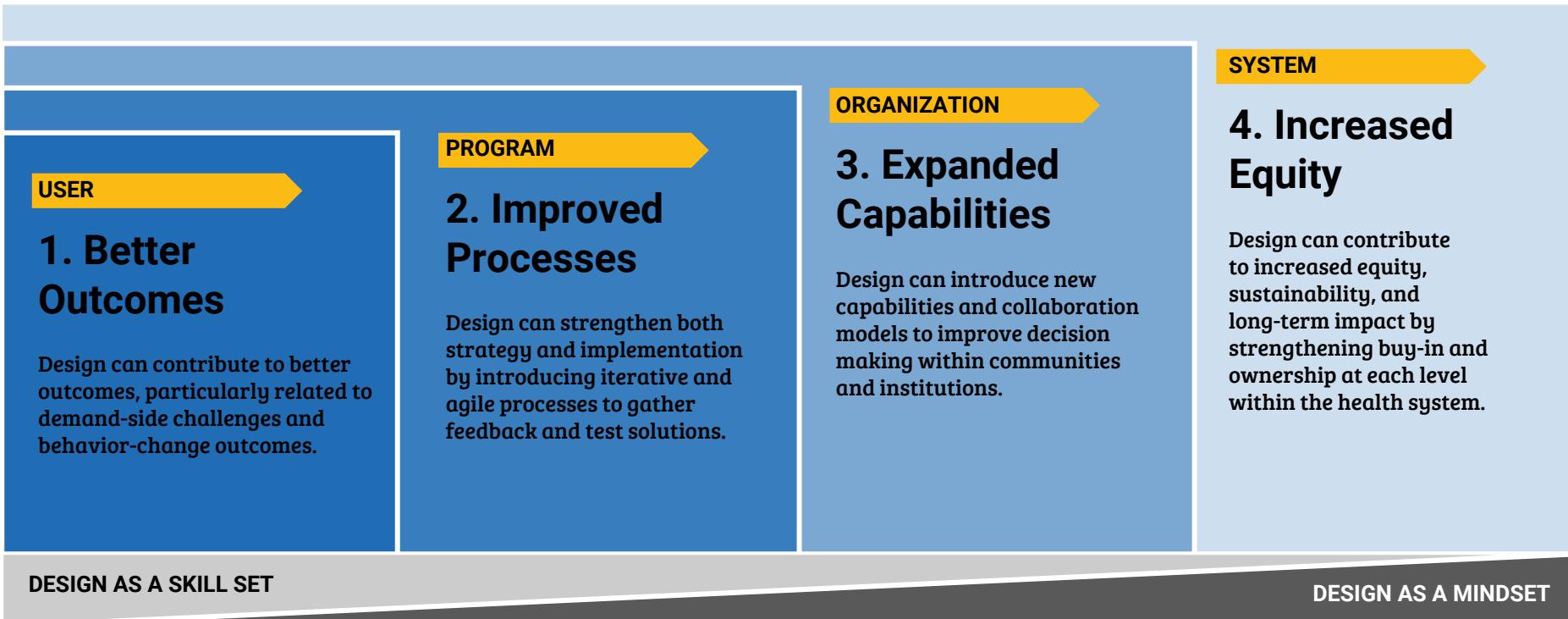
The value of design diagram showcases the benefits of design classified into four broad themes:

- Better outcomes (User)
- Improved processes (Program)
- Expanded capabilities (Organization)
- Increased equity (System)

HOW WAS THIS RESOURCE DEVELOPED?

- Project kickoff and follow-up interviews with GH practitioners from USAID & BMGF
- Extracted problem & benefit statements for design from a range of published sources
- Brought together a diverse group of design and global health practitioners to test and iterate these statements from different perspectives
- Designed an overarching framework to categorize the benefits on a spectrum from 'user' to 'system'

OVERALL MODEL: INCREASING THE VALUE OF DESIGN



Design can contribute to better outcomes, particularly related to demand-side challenges and behavior-change outcomes.



1. LIMITED ACCESS / LOW ENGAGEMENT ●

PROBLEM STATEMENT: High barriers to access that contribute to low engagement among target populations for promising interventions

VALUE: Design provides a holistic understanding of user needs and behaviors with which to surface new channels, touchpoints, and influencers to increase user engagement, particularly among hard to reach groups.

2. POOR UPTAKE ● ● ●

PROBLEM STATEMENT: Low uptake of health interventions with proven clinical outcomes

VALUE: Design provides a structured approach to test and iterate solutions with users to surface barriers early and ensure a high level of appeal to maximize the potential for uptake.

3. LACK OF SUSTAINED USE ● ● ●

PROBLEM STATEMENT: Lack of sustained use with many health interventions, particularly those that require significant behavior change

VALUE: Design provides a holistic understanding of user needs and behaviors so that interventions can better fit into the context of their day to day lives and increase the likelihood of sustained use.

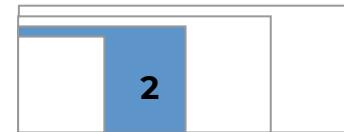
4. LOW VIABILITY IN LOCAL CONTEXT ● ● ●

PROBLEM STATEMENT: Interventions can lack local buy-in and are ill-suited to the local context

VALUE: Design engages users across the local ecosystem, in a participatory process of co-creation, to increase buy-in for solutions that are contextually relevant and locally-sourced, hence, sustainable over time.

PROGRAM IMPROVED PROCESSES

Design can strengthen both strategy and implementation by introducing iterative and agile processes to gather feedback and test solutions.



1. REDUCED RISK ● ●

PROBLEM STATEMENT: Stakeholders get locked into one approach, too early, without determining whether the approach is desirable to users, feasible in the context, or sustainable.

VALUE: Design provides the flexibility to pivot and reduce risk through iterative feedback cycles, rapid prototyping, and other participatory methods that involve users earlier in the development process.

2. FAULTY ASSUMPTIONS ● ● ●

PROBLEM STATEMENT: Assumptions by decision-makers, who may be removed from context of use, often don't take into account evolving needs and behavior.

VALUE: Design questions assumptions early by prioritizing demand-side variables (such as the needs, desires and contexts of users) to ensure that solutions are designed from the user's vantage point.

3. SLOW & INFLEXIBLE PROCESS ● ●

PROBLEM STATEMENT: Clinical timelines and long development cycles limit opportunities for feedback and adjustment until late in the development process.

VALUE: Design provides a structured approach to test and iterate solutions to improve the efficiency of development and value per dollar invested in new investments throughout the clinical timeline and development cycles.

4. LACK OF REPLICABILITY ●

PROBLEM STATEMENT: Successful interventions struggle to achieve outcomes when replicated in new markets.

VALUE: Design provides an agile process to adapt interventions to diverse user behavior and local conditions and to increase the likelihood of achieving desired outcomes in new markets.

5. LENGTHY DATA COLLECTION ● ● ● ●

PROBLEM STATEMENT: Research data takes a long time to collect and document, missing the window to affect meaningful changes in early program design.

VALUE: Design accelerates the process of acting on data and insights to demonstrate value for money and increase the speed of innovation and adaptation.

DOCUMENTED REFERENCES: ● Tolley ● PLOS ● AVAC ● Andrawes

ORGANIZATION EXPANDED CAPABILITIES

Design can introduce new capabilities and collaboration models to improve decision making within communities and institutions.



1. INCREASED MOTIVATION ● ●

PROBLEM STATEMENT: Stakeholders may be more motivated by supply-side concerns and less motivated by demand-side issues given the contextual dynamics and high degree of uncertainty.

VALUE: Design translates data and insights into visual materials and rich storytelling to convey end-user context in a compelling and inspirational manner that engages and motivates decision-makers.

2. MISSED OPPORTUNITIES ●

PROBLEM STATEMENT: Lack of success in leveraging private sector and other alternate pathways to scale and impact

VALUE: Design opens up new pathways to scale by applying creative thinking to reframe problems and envision alternative scenarios for how markets might shift and evolve over time.

3. SILOED DECISION-MAKERS ● ●

PROBLEM STATEMENT: Programmatic silos with narrow views of user context may lead to missed opportunities to tap synergies and increase impact across portfolios.

VALUE: Design provides a holistic understanding of user needs and behaviors to bridge program silos and support more integrated programmatic outcomes that maximize the impact of individual investments across under-resourced health systems.

4. FRAGMENTED APPROACH ● ●

PROBLEM STATEMENT: Due to silos, technical experts struggle to bridge different disciplines and areas of expertise to tackle systemic problems.

VALUE: Design supports a multidisciplinary approach to problem solving that can surface new perspectives and connect disparate insights across complex health systems.

SYSTEM ➤ INCREASED EQUITY

Design can contribute to increased equity, sustainability, and long term impact by strengthening buy-in and ownership at each level within the health system.



1. LACK OF LOCAL OWNERSHIP ● ●

PROBLEM STATEMENT: Lack of ownership by local institutions, stakeholders, and communities leads to rapid fall off after initial rollout.

VALUE: Design encourages local stakeholders to share and influence programs early, and throughout, by emphasizing observation, user experience, and storytelling as ways to maximize opportunity for participation and ownership over decisions that affect them.

2. INEQUITABLE OUTCOMES ●

PROBLEM STATEMENT: Solutions that do not represent the point of view of affected communities lead to inequitable results.

VALUE: Design brokers directly involved communities in the solutions aimed to help them by voicing and making sure all parties are heard equally throughout the processes of observation, learned experience, story telling, and participatory facilitation.

3. HARD TO REACH POPULATIONS

PROBLEM STATEMENT: Improvements are seen in certain communities but the lives of the hardest to reach are not impacted, preventing us from achieving the SDG's.

VALUE: Design offers ways to define strategies focused on equity by, more efficiently and effectively, increasing understanding of hard to reach communities and uncovering long-standing barriers to quality service delivery barriers to delivery of quality service.

4. LACK OF MUTUAL TRUST ●

PROBLEM STATEMENT: Lack of trust limits longer-term value that can be achieved through local partnership models.

VALUE: Design shifts the mindset of stakeholders who are "intervention-focused" or "system-focused" by encouraging them to maximize shared decision-making through mutual understanding, respect, partnership, and trust.

FULL LIST OF SOURCES

A number of different collaborators and conversations with a broad range of global health practitioners informed this resource. The following article and documents were included in this analysis:

- **Traditional Socio-Behavioral Research (SBR) and Human-centered Design (HCD), Similarities, Unique Contributions and Synergies** By Elizabeth E. Tolley, PhD, FHI 360
- **Human-centred Design In Global Health: A Scoping Review Of Applications And Contexts**, PLOS One
- **HCD In Global Health & Development, Guidance To Maximize Impact And Mitigate Risk**, Prepared by AVAC for the Bill & Melinda Gates Foundation
- **In search of alternatives: the value of design for international development, Unpublished doctoral dissertation**, Andrawes, L., (Forthcoming 2019), Institute for Global Prosperity, University College London
- **HCD Exchange Tanzania**, CIFF, Hewlett Foundation, the Bill & Melinda Gates Foundation
- **Human Centered Design Strategic Plan**, Prepared by Dalberg Design for the Bill & Melinda Gates Foundation