

Larry Cooley: Afternoon everybody. I want to show you a miracle. There's one picture, here's another. It's something called a non-pneumatic anti-shock garment. Some of you may have seen it probably most of you haven't. It was developed originally by a team of scientists at NASA, subsequently adapted and applied by a whole range of incredibly dedicated doctors and NGO's, mostly in Africa.

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Here's how it works. If a woman is hemorrhaging during childbirth, and about two percent do, and you can put this garment on to her within 48 hours and 72 hours, get her to an emergency care facility, she'll live. If you don't she'll die. It's as simple as that. I've seen it once, you never forget it. It really is as close to a miracle as I've personally ever witnessed myself. The lady came in, she looked dead. They put this on her, a few minutes later she was drinking water from a cup.

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So here's an amazing thing. In some years ago, I had the job of helping a small way to try and scale this garment in Northern Nigeria. Honestly, when I was presented with that challenge, I said this is a slam dunk. Everything is right about it. The technology is simple, you almost can't mess it up. There's one front, one back, one top, one bottom, one size. Inexpensive ... thank you very much. Willing donor in this case. No competing product. No resistance. So what could go wrong? Well, it turns out a lot of things.

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For example, who distributes the product and particularly, when they need replacing, who replaces them? How does the woman get from wherever she is to wherever that emergency care facility is? Is there an emergency care facility? Who pays who what for this? How does the device get back to where it's supposed to be at the end of the day? The interesting thing about all of these situations, all of these issues, is that the people that manufacture the garment had almost no control over them. And the women whose lives it saved, had almost no control over it. The supply side didn't hold the key cards, the demand side didn't hold the key cards, the healthcare system held the real key cards. Thanks [inaudible 00:02:36].

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So when most of you think about change and think about scaling, you probably think about an s-curve kind of like this. Things go along quietly for a little while and then all of a sudden something quite remarkable happens, it goes viral. But if you think about what makes it go viral, what is that? If you're in the commodity business or the behavior change business, what that usually is is a new product or technology, maybe a new business model, a new sales campaign. If you're in our world, it's something much, much less romantic than that. It might be something like a change in a budget priority, it might be a tweak in a regulatory regime, it might be a training protocol. In other words, it's stuff that has to do with the underlying system much more than with the technology or the business model of the technology.

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Think about it this way. Most of us live in a world of projects. The reward for a good project is usually another project, better, usually bigger. In the case of the anti-shock garment, what would this look like? It might look like more anti-shock

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garments, it might look like building an emergency obstetric care dimension to the process. All of which would make for a better project and more beneficiaries. But there's another way to think about it. If you wanna see this way of thinking, if you really wanna get it, talk to somebody like my friend Santiago Levy, who is responsible for the roll out of conditional cash transfers in Mexico, [inaudible 00:04:05]. Or talk to somebody like MS Swaminathan, the guy who you probably never heard of who was responsible for the green revolution in India. Or talk to somebody who did achieve some fame like Muhammad Yunus, and what you find out is the back stories are really different story than the technology itself. The back story is how they worked the system, how they used the projects, how they use themselves, how they used other conveners to try and really make this change happen.

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They knew a couple of things and they're important things. They knew that there are only two systems that can really drive change, governments and markets. If your scaling strategy doesn't have a strategy for affecting one of those, it's not a scaling strategy at all. They knew that basically charity doesn't scale.

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So if you're gonna flip a big problem, you probably better have a big resource. And that's why markets and governments become for the most part, the only way to do it. Absent that, you'll find that a bad system will trump a good program every time, all the time.

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Think of this now in terms of the value chain and how that works. If you visualize that, it's three gears. What you'll see is that the innovation gear, I think, works remarkably well. Maybe not as well as it should but remarkably well. Look around this building right now. There's a remarkable ray of innovations, unfortunately, not very many of those I predict will go to scale. The world would be better if they did, but they won't. And the reason they don't is not 'cause there aren't systems that can deliver at scale, but because there's no really good way to connect the innovations on the one hand, to the systems that can deliver at scale on the other. That's what I'm calling intermediation.

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If you wanna see that working, look at things like the role of the population foundation for India, trying to move ahead the neonatal care of India, by building a system. Look at some things like a [inaudible 00:06:05] in South Africa, trying to ensure that there's consistent, available early childhood development for every kid in South Africa. What you'll see is people tinkering in the bowl works, really trying to figure out the mechanics of how those systems work and how they get influenced. They're doing things like this. They're strengthening systems, they're advocating, they're marketing, they're packaging, they're raising funds, but what I can tell you is that this business model, that part of the business model, is broken in development. When you talk about the commercial sector who does that?

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Investment bankers, venture capitalist, maybe specialized consulting firms, richly compensated heavily prioritized, very high reward in value. Look in the development space. No business model for this. Who's paying for that function? No glory in it. No cache.

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So I think personally that as a development community add principle challenge is not the eye of innovation, it's the eye of intermediation. What can we really do to support that function in a serious way?

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The pathway to scale is an interesting one. If you have in your head the model of prototype, RCT roll out, I think you have the wrong model. Every time I've watched this work really effectively, it's been a very securitist path unpredictable at the outset, and the things that change along the way are not only the scaling strategy, it's the product or service itself. As people make compromise after compromise, tweak after tweak, to try and resolve the things that really stand between them and scale. This is a pathway, that in my experience is more like 15 years than five. As people trying to support the process, we need to adjust ourselves to that reality, not the other way around.

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The good news is, we're getting better at this. In particular, I think we're getting better at three things. The first is we're getting better at how do you design if you really had scale in mind from the beginning. What would a project look like if it was really trying to influence this process? The second is how do we establish the conditions for scale and finally, what do we do about managing the scaling up process?

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There are many groups looking at this issue now. I'm particularly proud of and associated with one which is a scaling community of practice, that now has had several hundred of us working hard on these problems for the last few years, curated by a fellow named Johannes Lind and myself. I would desperately invite any of you who are interested to reach out to us, we need your help and there's a lot of work to be done. Thank you very much.