

Developing World Healthcare

As a child I grew up with a cohort of cousins. Swimming was a common pastime in the summer. As a young boy, I could not help but notice, my cousins slightly older than me had a circular scar on their arm. Me and my younger cousins did not. When I was told it was because of an inoculation that they received that I did not, I was quite relieved... I hated shots and I reasoned that anything that left a scar like that must have been nasty. My grandfather was twice inoculated and had 2 of the circular scars. He said it was because he was twice as bad as the normal kid. For readers younger than me, I am of course talking about the smallpox vaccination. Turns out that I was spared by the thinnest of margins, less than a year. My cousin 11 months older than me got hers. She was one of the last. By the time that I came of age, the disease was declared eradicated in the US and the inoculation was no longer given.

Today, January 2021, many of us are pining for a new vaccine, one for Covid-19. The vaccine is available, but demand far exceeds supply. Most hope that it will be widely available in the United States by this summer and that wide adoption of the vaccine will get our economy and our personal lives back to something that resembles normalcy. But that is just the US. It's a big world and there are many concerns about limited availability of vaccines or vaccines of lesser efficacy for much of the developing world.

Will putting a shot in every arm in the US be enough? We hear stories about mutated versions emerging in countries such as South Africa and Brazil. Who knows what might be developing in countries where testing is limited to non-existent. So long as the virus is circulating, there are possibilities for new variants. Once a variant emerges that has out evolved the vaccine, it could all happen again. Shutting down the world economy for a year and spending hundreds of billions of dollars on the next vaccination effort benefits no one.

Pathogens are here to stay. More will come. One effective way to minimize the threat is to make better health care available around the globe. This allows us to treat and monitor problems while they are local, before they escape Pandora's box. How does one do this in the developing world? Healthcare is expensive. Medical trained personnel are rare in the developing world. Don't we give aid dollars to governments and sponsor nonprofits like Doctors Without Borders to help? We do, but such efforts fall short. Aid is often a band-aid to a major problem, and rarely a cure.

Can profits drive healthcare? Arguably health care in the developed Western world is very financially driven as pharmaceutical companies are among the most profitable businesses and the doctors and staff of our government and "nonprofit" hospitals are among the most highly compensated members of society. How about the developing world?

CWF Shops was an effort launched in Africa using the franchise business model to bring health care to developing areas. Shop owners have a profit motive to provide good health care, and as McDonald's guarantees consistent food quality, CWF guarantees consistent medicinal quality. It's a first step. I would argue that it is in everyone's best interest to raise health care

standards around the globe. Yes, Covid-19 was first identified in a city with a world class medical center. Imagine how much worse this pandemic would have been if the disease had gone undiscovered and untreated for months more before we started working on the treatments and the cure.

While providing medical care in extremely impoverished countries will come at a very low profit margin, I argue that there are business models that could drive beneficial care and deliver a profit to the service providers. Services like Google and Facebook are living proof that there is immense value in data. Could these rural healthcare centers in the developing world be compensated for collecting data and sharing front line knowledge with the entire world? As pharmaceutical companies translate new knowledge into multibillion-dollar cures and treatments, could a model be developed by the industry to incentivize providing such services? I am in no way advocating using the developing world for clinical abuse as portrayed in the John le Carré novel and subsequent film, *The Constant Gardener*. I am advocating for a model that adheres to the upmost of ethical standards. If we are able to identify threats or opportunities at early stages, we can save the world countless lives and dollars. If we can do that while improving lives around the globe with this business model, then we are building a true Business of Humanity solution.

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