In the past four years, MIT Sloan’s Global Health Delivery Lab (ghdLAB) has covered a good deal of ground—tens of thousands of miles, in fact.

With some 40 projects completed on African and Indian soil, and another set of student teams overseas in March 2012, MIT Sloan Senior Lecturer Anjali Sastry said ghdLAB has embarked on an interesting look at its impact so far. The goal? To assess the benefits, including performance improvements and lessons learned, gained by partnering organizations that have worked with students on the front lines of health care delivery—from Kenya to South Africa to India.

MIT Sloan’s rich experience with action learning inspired Sastry to design ghdLAB in 2008. The current study could help fill a void in the research on action learning in management education.

“We are going back to every project to ask how we helped. Did we impose any costs? Are we seeing benefits spilling over to other areas? What about continuity? Are people building on the work that we did?” said Sastry. “We’re gathering firsthand data and conducting systematic interviews. Early indications reveal more positive effects than we had realized.”

“Across the United States and globally, business schools are engaging in more project-based action learning, but we need to better document what makes it effective,” said Sastry. “I think that we can align seeking to deliver the most effective help to our partners with delivering the best learning experience for our students. When ghdLAB students bring to bear the best of their MIT Sloan toolkit to tackle problems collaboratively, I think our contributions can go beyond volunteering. Our study will help us to say, ‘Here’s where we made an impact.’”

As is the case with other action learning courses at MIT Sloan that combine classroom learning with an intensive on-site experience, ghdLAB is much coveted—80 students recently applied for 36 seats. What sets ghdLAB apart is its focus on the challenges of health care delivery in developing nations. Student teams tackle the barriers and constraints facing both for-profit and non-profit enterprises in increasing scale, scope, and quality of care.

Projects have taken on process improvement, business model innovation, marketing, and strategic planning in varied settings. Recently, student teams worked with a Kenyan slum clinic to increase utilization of its health care services, an HIV-prevention initiative in South Africa to build a research function within their monitoring and evaluation department, and a community nursing outreach program in India to improve pre- and post-natal care in the community.

“With ghdLAB, the issues are thrown into sharp focus because needs are so extreme,” said Sastry. “Low-resource settings offer us an opportunity to work with different models and to explore important questions, such as: How can you do more with less? Can for-profit business provide social goods for the lowest-income populations? How do we share what we have learned? And how can the right management tools and approaches be brought to the front lines of health care?”

“People have argued that we need a field of health care delivery studies that investigates needed innovations, explores sustainability and scale, and looks at the entire patient experience,” said Sastry, who discusses this idea and presents student experiences in a video collection on TechTV (start with http://techtv.mit.edu/videos/14635-ghdlab-in-the-world-for-the-world).

“Health care delivery poses challenges that every country is confronting,” Sastry emphasizes. “These are global issues. By working in different settings, not only do students get amazing learning experiences, but we also get a chance to return to the classroom to distill, share, and contrast our learning,” said Sastry. “And, as our impact assessment is revealing, when we focus on how to learn from experience and deliver practical improvements, benefits extend far beyond the project—for both students and partners.”

—Mary Tamer