I write with news of ghdLAB, the MIT Sloan MBA project class that pairs students with enterprises on the front lines of health care delivery in sub-Saharan Africa and India.

**Continued interest in the role of management in improving health care delivery**

The challenges and opportunities in health care delivery continue to attract attention, and our work in global health delivery has grown, with new classes and research efforts complementing ghdLAB’s field-based action learning. We’ve just concluded our second offering of a novel class on business models for scale and sustainability in low-resource healthcare (check our website early next year for some student analyses of promising enterprises).

More than ever, I am convinced that we have much to gain from the thoughtful and practical application of the tools and approaches developed and studied here at MIT Sloan. Nowhere are the potential insights and impact greater than in the settings where resources are limited and basic needs are still unmet. To convey how our work lines up with MIT Sloan’s goal—“in the world, for the world”—we recently made a [short video about ghdLAB](#). Take a look and tell us what you think!

I am encouraged by the widespread interest in our students’ field work. ghdLAB continues to draw more student applicants and potential project partners than we can accommodate.

**How ghdLAB works**

As you may know, ghdLAB is designed to run for three months. Every year, the course is rebuilt around our selected projects. In the months and weeks before class starts, the ghdLAB team collaborates with partners in the field to develop proposals. Each customized effort aims to address a specific and pressing organizational, operational, or business need identified by the management of a partner organization. Once class starts, students work for several months on their matched projects in teams of four at MIT, as well as on site for two intensive weeks. Students are unpaid; ghdLAB asks for partners to help defray some expenses as feasible. Our students, who usually have years of work experience, invest as much as 1,000 person-hours in each project.

Our goal is to draw on MIT Sloan ideas, tools, and approaches to deliver real improvements to our partners, and to build a wider dialog to share what we are learning in the field and the classroom.

**Reflecting on what we have learned from you**

We are investigating how past projects benefited our partner host organizations and are gleaning ideas for further improving the entire engagement and educational experience. It’s been a great privilege to learn from the organizations and communities we have worked with—close to 40 over the past four years. In keeping with our own learning model, it’s appropriate for us to reflect, and act on, all that we are discovering.

So, this year we’re doing something different. Instead of the regular ghdLAB class, we are now:

- completing our impact assessment to gather insights from our partners in the field;
- developing deeper relationships with selected organizations that have unique expertise and
engagement in health care delivery to ensure the continuation of our efforts;
改善我们的内部物流和与所有与斯隆学院、麻省理工学院和更广泛的社区所提供的合作；和，
澄清我们的学术根基同时进一步发展研究议程。

Opportunities for potential collaborators
This year, we won't be seeking the usual types of projects, as the work outlined above will keep us busy in the coming months. A group of dedicated students will join in the effort. Part of the current students’ brief is to carry out small projects to benefit host organizations, as they will be on site to visit past projects and scout new opportunities. We have scope for five or so of these small projects, each involving a pair of students who would have around a week to spend on site in late March and several hours per week to work on the project from MIT from February to May 2012.

If you would like to propose a small project for this period, please take a look at the questionnaire (also available online). If it looks like a good opportunity that fits your needs, please complete it by 15th January, 2012, and send to us by email.

And if you are interested in building an ongoing partnership with us, we would love to talk with you about the possibilities. If you are a past host, we’ll certainly be following up as we complete our impact assessment. And if you are curious to learn more about the results of our work and the tools and resources we are developing, please check back on our website in the weeks ahead. We welcome your advice, feedback, requests, and ideas, so please contact us any time.

Gratitude and best wishes
As we look back on the year, I’d also like to thank every collaborator. Here at MIT, Eriola Kruja, Erin Sullivan, Lilian Tse, Alexandra Geertz, Shiba Nemat-Nasser, and Jeff Shames have been invaluable team members and partners in our work on campus and in the field. We said goodbye this year to Eriola, Lilian, and Erin, but hope to cross paths with them again soon, and welcome them to our growing community of friends and alumni. This circle includes our longtime partners, Harvard University’s Global Health Delivery Project, and many other experts in the Boston area and across the MIT network who this year helped us learn about health care in South Africa, Kenya, Uganda, and Andhra Pradesh, India.

Past supporters of ghdLAB generously inspired and enabled this work, and we thank you from the bottom of our hearts. An equally heartfelt thanks goes to the staff, leadership, and community members we were lucky enough to work with in 2011 at loveLife, RTT’s Unjani Project, Living Room International, Carolina for Kibera, Daktari Diagnostics, Kyetume Community-Based Health Care Programme, Sustainable Household Income Project at Mbarara University of Science and Technology, LifeSpring Hospitals, Care Rural Health Mission, and Care Hospitals.

So, stay tuned for more to come, and may you and yours enjoy the best of health in the coming year!

—Anjali Sastry
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