Seminar: Building a Health System

Global health BSc 9 January 2012

Time: 12.00-13.00

Outline of the session

12.00-12.10: Introduction

12.10-12.30: Group work

Group1: Designing an essential healthcare package

Group 2: Financing our health system

12.30-12.40: Feedback from Group 1

12.40-12.50: Feedback from Group 2

12.50-13.00: Plenary discussion and summary

Group 1: Designing an essential healthcare package

Think about what services should be provided in an essential, possibly publicly funded, package

Step 1: Decision criteria

What are your decision criteria for inclusion -and more difficult- exclusion of services?

a) Which services do you include because they deal with country's principal health problems?
What about conditions that are very expensive to treat, at low benefits?
b) Which services do you include because they are cost-effective?
What about services that provide hardly any benefits, but deemed essential nonetheless, e.g. palliative care for cancer patients?

Step 2: List of services

Here, there are a number of services which could be part of your essential package. In fact, some of these are the services suggested by the World Bank for an essential package of health services which would cost $12 per year per person. Which ones would you include into your package? Which ones not? Why not? Are there others (not on this list) that you would want to include?

Services to ensure pregnancy-related care
Hip/knee replacement
Removal of cataracts

Family planning services
Drug therapies for HIV infection
Tuberculosis control
Hysterectomy
Vitamin A supplementation
Environmental control of Dengue fever
Treatment of Leukemia
Drug treatment of some psychoses
Control of sexually transmitted diseases
Heart surgery
Immunisation for common childhood illnesses
Brain surgery
Caesarean section
Care for common serious illnesses of young children: Malaria, diarrhoea, upper respiratory infections
Care for common serious illnesses of adults: Malaria, diarrhoea, upper respiratory infections
Treatment for infection and trauma
Advice and alleviation of pain for health problems which cannot be resolved with existing resources (e.g. cancer, heart disease)
Treatment of heart disease using aspirin and hypertensive drugs
Treatment of heart disease using aspirin
Treatment of cervical cancer
Chemotherapy for cancers
Intensive care for premature babies

Step 3: Service provision

Who would provide the services that you chose of the essential package? Community health workers? Stationary, or travelling from village to village? Doctors in primary care centres? Which services would require hospital (or secondary) care?

Step 4: Vertical and horizontal programs

There is a lot of debate about vertical vs horizontal (or integrated) programs. Vertical programs tend be national initiatives targeting one disease, whereas horizontal programs are initiatives to improve universal access to primary supported by appropriate secondary care and public health services. Funders often favour vertical programs because targets are well defined and more easily measurable (10,000 children immunized). The problem is that numerous vertical programs tend to duplicate resources unless they are integrated into locally based structured service.

Which of the services in your program are vertical? How could you integrate these services to avoid duplication of resources?

Group 2: Financing our health system

In the lecture this morning, 4 different types of mechanisms for financing a health system were mentioned:

- Direct patient financing
- Social insurance (stand-alone)
- Tax-funded
- Integrated social insurance

Scenario: The health profile of Bangladesh

At its founding in 1971, following the War of Liberation, Bangladesh was the poorest country in the world. Today, life expectancy has increased from 45 (in 1960) to 66, child mortality has decreased from 240 per 1,000 to 45 per 1,000, and there is no longer seasonal famine – the challenges are food security and affordability.

The country is facing a serious NCD challenge, as 26 per cent of the population is already over 60 – and the number will increase 10-fold by the end of the century. Tobacco use is increasing (especially among women), cardiovascular events are happening at younger ages, and women have more diabetes complications than men. NCDs account for 54 per cent of deaths – an apparently dramatic increase, although this may also partially be explained by better data collection. There is also a lack of good evidence of effectiveness of interventions.

Comparative health indicators across countries of the region (Source: Good Health At Low Cost, 25 Years Later, 2011)

Countries	GDP PPP per capita (US$)[29]	Total fertility rate[30]	Life expectancy at birth (years)[16] 2008		Mortality rate per 1000 live births[15] 2008		
	2009	2008	Male	Female	Infant	Under-5	Maternal
Bangladesh	1398	2.3	64	65	43	54	380
Bhutan	5312	2.6	61	65	54	81	440
India	2930	2.7	63	66	52	69	450
Myanmar	1156	2.3	59	63	74	103	380
Nepal	1144	2.9	63	64	41	51	830
Pakistan	2624	4.0	63	64	72	89	320

Note: PPP: Purchasing power parity.

Tasks:

1. You have been appointed by a new government to reform the health system in Bangladesh in response to these new challenges. Discuss which financing mechanism (or combination of mechanisms) you will favour to fund your system
2. Outline the implications of each funding mechanism for access to care
3. Outline the implications of each funding mechanism for equity

Feedback

Background

The Good Health At Low Cost Report, 25 years on shows that there have been three key factors in shaping and strengthening the health system in Balgladesh:

Political commitment to health: This transcends party politics, so major reforms continue during government change, resulting in ongoing development – for example, the country is on track to achieve the MDG on child mortality, fertility has declined from 6.2 to 2.7 children per woman, there is a policy of developing indigenous pharmaceuticals, and a sector-wide approaches are encouraged rather than vertically funded programmes.

Community health workers: They are the backbone of the public and non-state sectors, providing low-tech, low-cost solutions.

Role of the non-state sector: 2,000 NGOs extend government capacity, and 400,000 people have been partially trained as informal care providers.

The Worldbank essential package

Source: World Development Report 1993: Investing in health

http://www-wds.worldbank.org/external/default/main?pagePK=64193027&piPK=64187937&theSitePK=523679&menuPK=64187510&searchMenuPK=64187283&siteName=WDS&entityID=000009265_3970716142319

Summary of the suggested contents of the package

Services to ensure pregnancy-related care

Family planning services

Tuberculosis control

Control of sexually transmitted diseases

    Emphasis on prevention

Care for common serious illnesses of young children

    Malaria, diarrhoea, upper respiratory infections

Treatment for minor infection and trauma

Advice and alleviation of pain

for health problems which cannot be resolved with existing resources (e.g. cancer, heart disease)

With modest increase in spending can include treatment of some noncommunicable conditions:

Treatment of heart disease using aspirin and hypertensive drugs

Treatment of cervical cancer

Drug treatment of some psychoses

Removal of cataracts

Exclude services with low cost-effectiveness:

Heart surgery

Treatment of highly fatal cancers (pain relief only)

Drug therapies for HIV infection

Intensive care for very premature babies

Table 2: **Cost-effectiveness of the health interventions (and clusters of intervention) included in the minimum package of health services in low- and middle-income countries**

Interventions	Cost per beneficiary	Cost per capita	DALYs potentially gained[a] (per 1000 population)	Effectiveness[b]	Cost per DALY($)
Low-income countries					
I. *Public health*					
Expanded programme of immunization plus[c]	14.6	0.5	45	0.77	12–17
School health programme	3.6	0.3	4	0.58	20–25
Tobacco and alcohol control programme	0.3	0.3	12	0.14	35–55
AIDS prevention programme[d]	112.2	1.7	35	0.58	3–5
Other public health interventions[e]	2.4	1.4	—	—	—
Subtotal	—	4.2	—	—	14
II. *Clinical services*					
Chemotherapy against tuberculosis	500.0	0.6	34	0.51	3–5
Integrated management of the sick child	9.0	1.6	184	0.25	30–50
Family planning	12.0	0.9	7	0.70	20–30
STD treatment	11.0	0.2	26	0.42	1–3
Prenatal and delivery care	90.0	3.8	57	0.42	30–50
Limited care[f]	6.0	0.7	—	0.03	200–300
Subtotal	—	7.8	—	—	—
Total	—	12.0	—	—	—