Global Health BSc
Module 3
Introduction to Week 2

Mariam Sbaiti

Review of Week 1

- Why do we need indicators of population health ?

- Sources of empirical data for health

- What are the summary measures of population health?

- Causes of disease:
  - From biological to sociodemographic determinants

INTRODUCTION TO WEEK 2

Week 2: Health Systems I

Day	Time	Presenter	Topic	Location
Mon 9 Jan	9.00-9.45	Mariam Sbaiti	Summary of Week 1 and Introduction to Week 2	External – CXRB Seminar room R1 Reynolds building
	10.00-11.30	Peter Smith	Lecture: Health systems	External – CXRB Seminar room R1 Reynolds building
	12.00-1.00pm	Katherina Hauck and Mariam Sbaiti	Seminar: What is a health system?	External – CXRB Seminar room R1 Reynolds building
Tues 10 Jan	9:30-11:00	Peter Smith	Lecture: Measuring health system performance	Rothschild LT
Wed 11 Jan	9:30-11.00	Peter Smith	Lecture: Governance and accountability	Clinical LT
	11.30-13.00	Fred Martineau	Interactive lecture: 'Free Health? Access to paediatric health services in Sierra Leone.'	Clinical LT
Thursd 12 Jan	9.30-11.00	Bruce Mackay	Lecture: The consumers' perspective on private health services	Cockburn LT
	11.30-12.30	Bruce Mackay	Seminar: The consumers' perspective on private health services	Cockburn LT
Fri 13 Jan	9.30-10.45	Chris Millett	Lecture: Primary Care in the World	Clinical LT
	11.15-12.30	Chris Millett	Seminar: Primary Healthcare	Clinical LT

Social Determinants of Health and Globalisation

Health Systems

Adapted from Bozorgmehr et al 2011
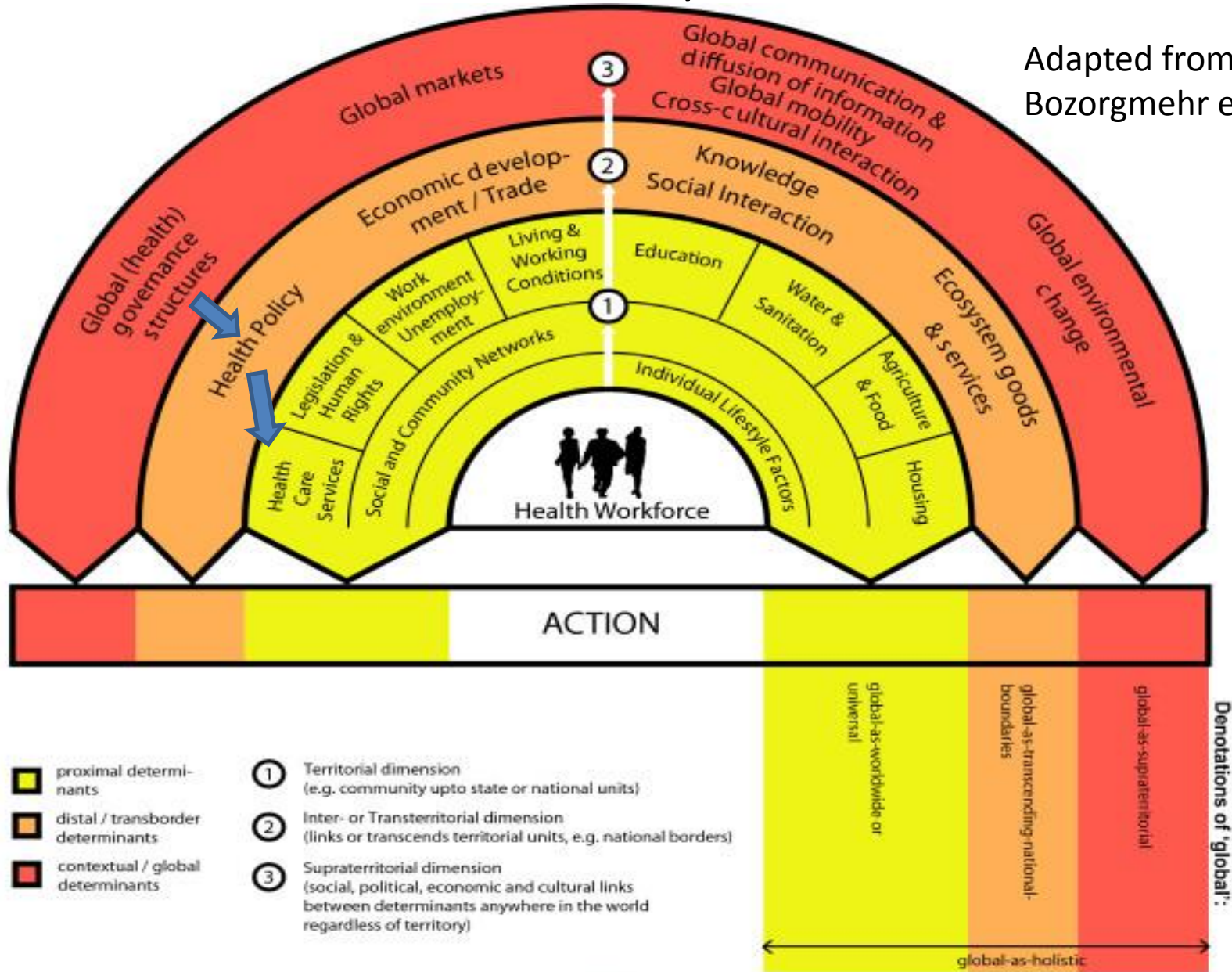
What is a Health System?

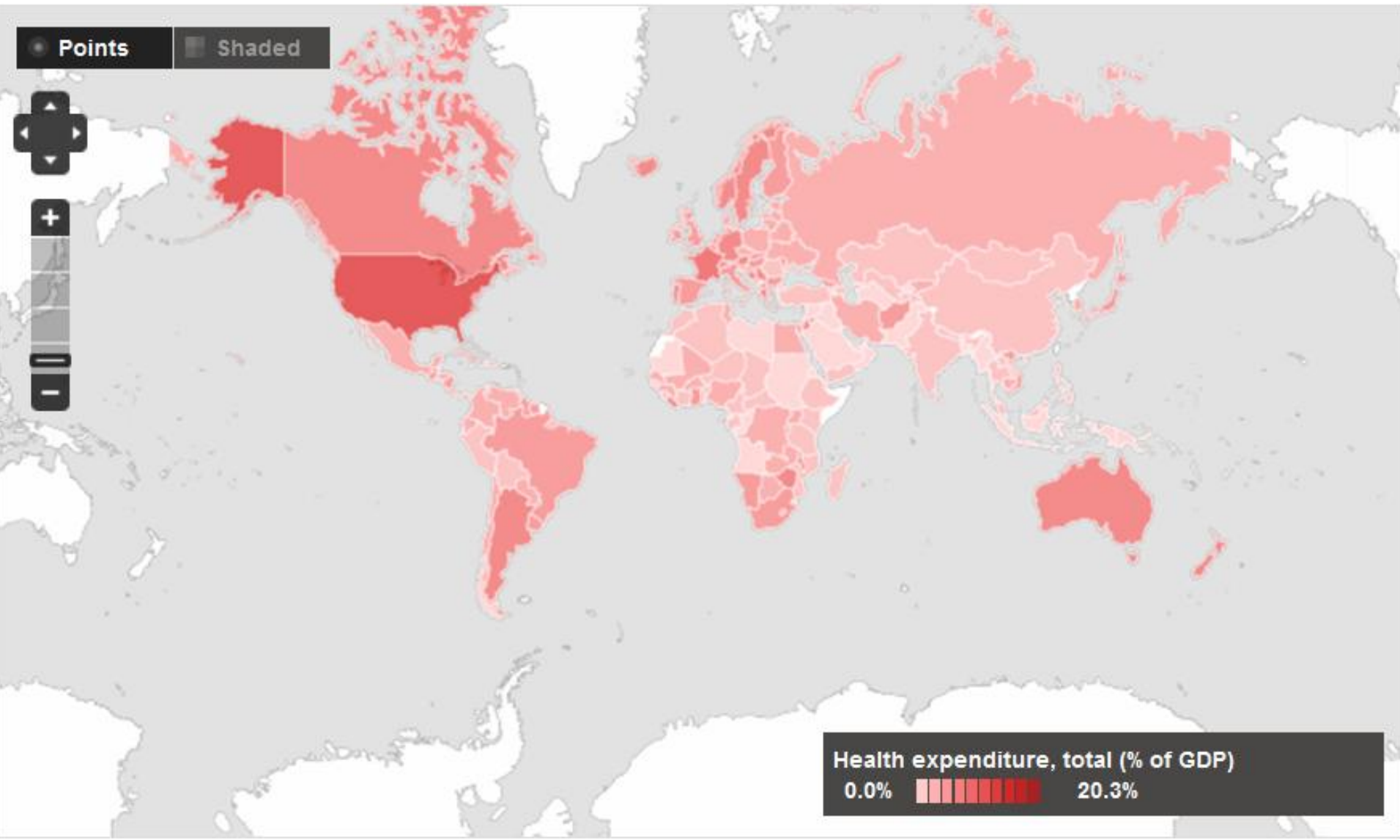**HSS Building Blocks**   **Overall Goals/Outcomes**
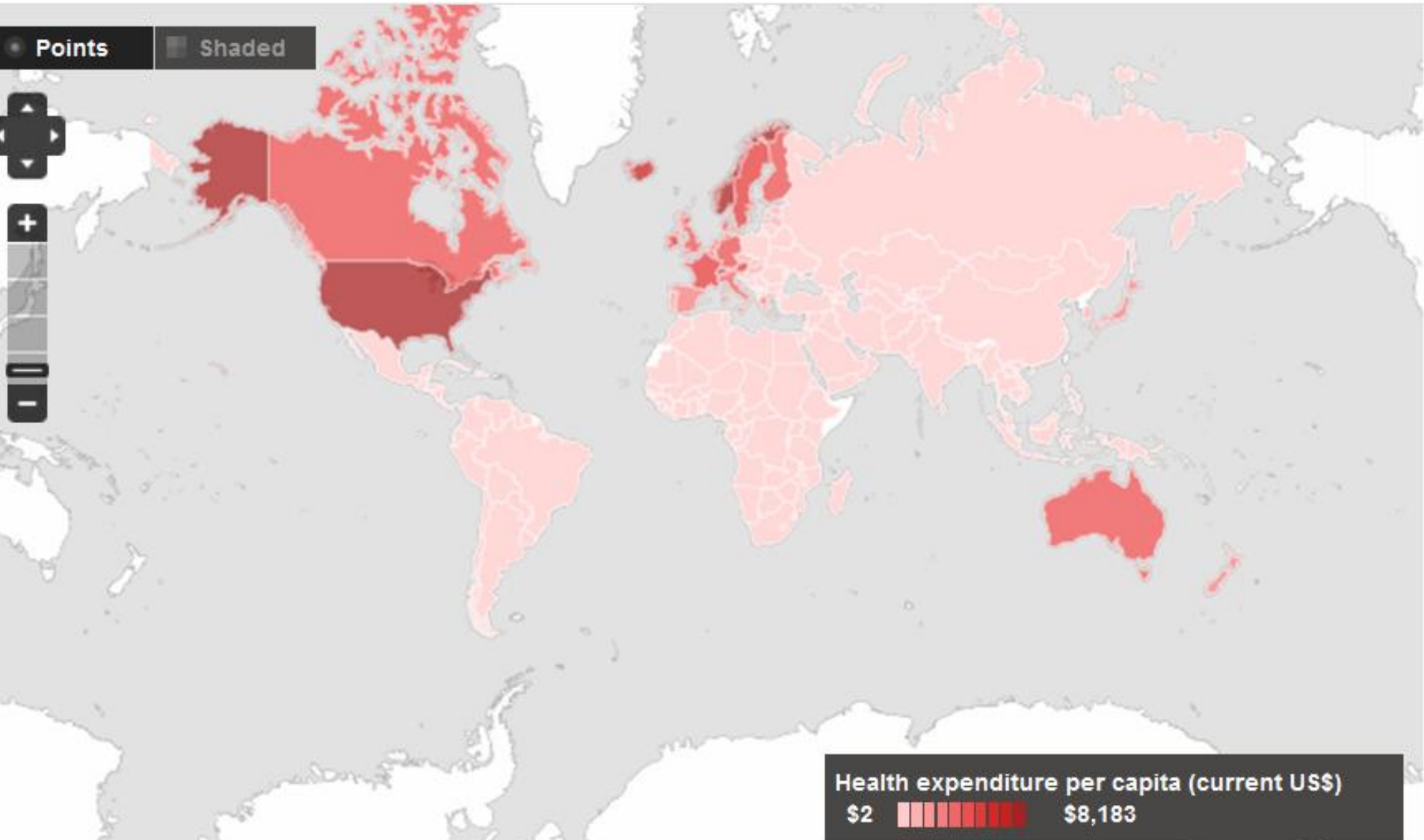
Health expenditure by Country (% of GDP) for 2006-2010

WB Data on www.data.worldbank.org

Health expenditure per capita (current US$) for 2006-2010

WB Data www.data.worldbank.org

QUIZ

Which country spends the most in total on health /person /year?	
Which country spends the least in total on health /person /year?	
Which country has the highest government spending /person /year on health?	
Which country has the lowest government spending /person year on health	
WHO estimate of minimum spending per person per year needed to provide basic, life-saving services	

QUIZ

Which country spends the most in total on health /person /year?	United States US$ 6103
Which country spends the least in total on health /person /year?	Burundi US$ 2.90
Which country has the highest government spending /person /year on health?	Norway US$ 4508
Which country has the lowest government spending /person year on health	Burundi US$ 0.70
WHO estimate of minimum spending per person per year needed to provide basic, life-saving services	US$35 -50

Less successful Health System reforms: The case of India

http://www.youtube.com/watch?v=kIZc0CZjaXs

Why might Social Health Insurance programmes introduced in India have failed to provide universal access?

Pre-existing high levels of income poverty mean the ability to contribute to risk-pooling is limited to a very small proportion of the population

Why do some countries achieve better health outcomes than others at similar levels of income?
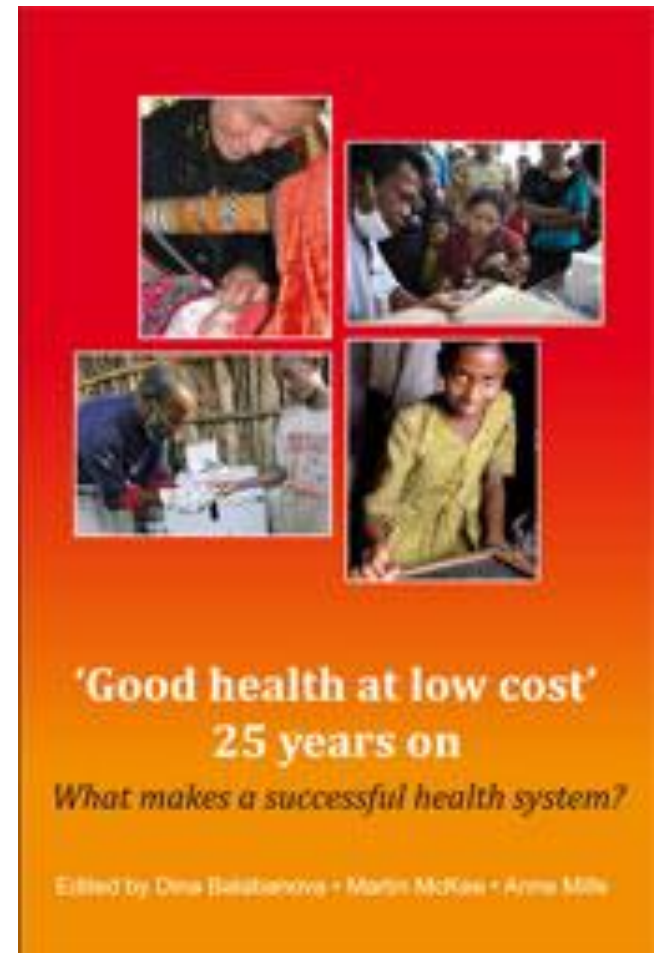
'Good Health at a low cost' (Rockefeller Foundation 1985)

Sri Lanka, Costa Rica, China and the Indian state of Kerala

Why do some countries achieve better health outcomes than others at similar levels of income?

'Good health at low cost' 25 years on, (Balabanova et al 2011)

5 countries which have achieved better health outcomes than neighbouring ones with similar incomes: Bangladesh, Ethiopia, Kyrgyzstan, Tamil Nadu (India) and Thailand

'Good health at low cost'
25 years on
What makes a successful health system?

Edited by Dina Balabanova · Martin McKee · Anne Mills

Findings

- Bangladesh and Tamil Nadu have among the longest life expectancies for men and women in their regions
- Ethiopia has gone from being one of the worst performers in under-5 mortality to outperforming neighbouring Tanzania and Uganda
- Thailand, a country that has achieved all the health MDGs, has now adopted MDG+, a set of targets that go well beyond the internationally agreed goals
- Thailand and Kyrgyzstan have achieved universal health care coverage through expansion of health insurance schemes.

Findings

The study countries' health systems shared a set of common characteristics. Their health system:

• Has vision and long-term strategies, and effective institutions able to implement these;

• Takes into account the constraints imposed by path dependency;

• Builds consensus at societal level;

• Allows flexibility and autonomy in decision-making;

• Is resilient and learns from experiences, feeding back into the policy cycle;

• Receives support from the broader governance and socioeconomic context in country, and is in harmony with culture and population preferences;

• Achieves synergies among sectors and actors; and

• Demonstrates openness to dialogue and collaboration between public and private sectors, with effective government oversight.

References

- Leyva-Flores R, Kageyama ML, Erviti-Erice J. How people respond to illness in Mexico:self-care or medical care? Health Policy 2001 July;57(1):15-26.

- Bozorgmehr K, Saint VA and Tinnemann P (2011). The 'global health' education framework: a conceptual guide for monitoring, evaluation and practice. *Globalization and Health*, 7:8

- Balanbanova D et al (2011). Good health at low cost: 25 years on. LSHTM. Available at: http://ghlc.lshtm.ac.uk/