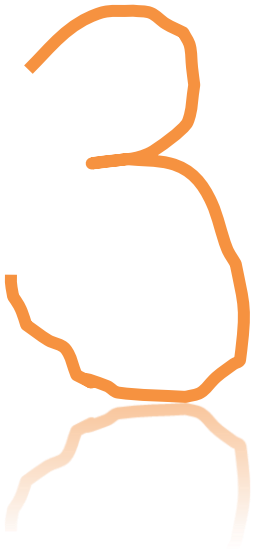


# Introduction to Module 3

2 January 2013

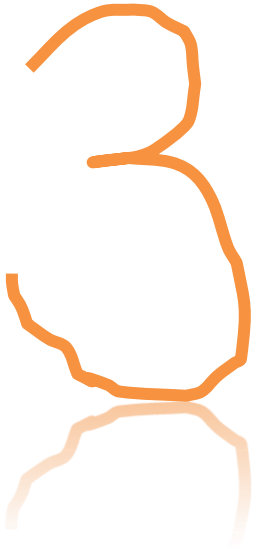
Dr Mariam Sbaiti

# What Happens Today?

| | |
|---|---|
| **09.30-11.00** | **Interactive Lecture:** |
| 09.30 - 10.00 | Winter Ice-Breaker |
| 10.00 - 10.15 | Module 3 structure and details: Q&A |
| 10.15 – 11.00 | Intro to Module 3 contents: GH in Context? |

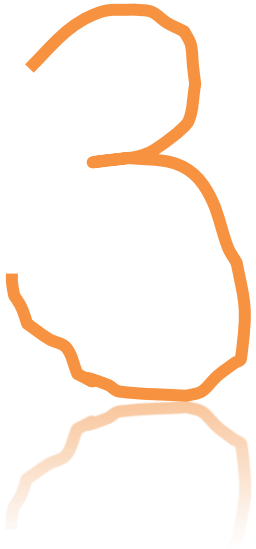
**11.30-12.30** **Seminar:**

Setting the agenda in Global Health: the Shiffman framework for Maternal Mortality



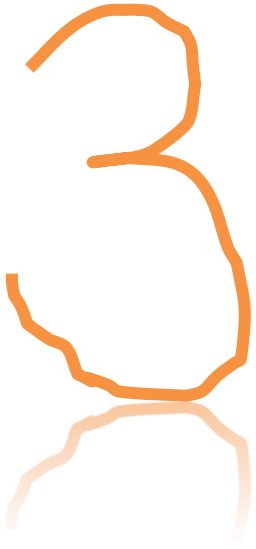
# MODULE 3

Structure and details



**5 weeks and 4 themes:**

- Defining & Assessing Health Needs & Determinants
- Health Systems (x2)
- Technology and Access
- Global Health Governance



## Teaching & Learning

- Learn from lecturers and seminar-leaders
- Think critically about what you are being taught

It is useful to prepare a question in advance of each session

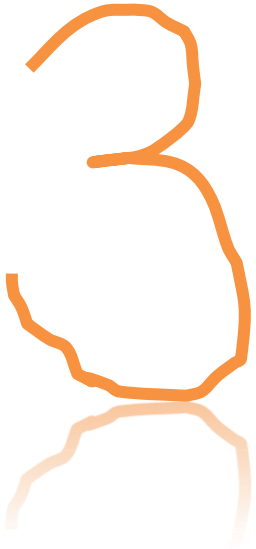
## In-course Assessments

- ICA 1: Critical appraisal of a Systematic Review (17 Jan)
- ICA 2: Essay (2500 words, 2 Feb):

***Discuss the evidence which may help guide policy on health financing, including public and private finance.***

## Preparing for Part B exams (15 Jan Q&A)

## Part C



# MODULE 3

## Introduction to GH in context

# QUIZ

1. What were the top headlines for GH around mid-December?

2. Which condition causes most *disease burden* in the world today?

3. What is the fastest growing component of rising healthcare costs around the world?

4. Which actor contributes most development assistance for health worldwide?

# QUIZ

1. What were the top headlines for GH around mid-December?

**? Includes: norovirus outbreak (did start being noticed by HPA early December), GBD Study 2010 results released – worldwide collaboration incl WHO WB IHME, Harvard School of Public Health, UN Climate change conference prior to 2015 agreement.**

2. Which condition causes most *disease burden* in the world today?

**Ischaemic Heart Disease**

3. What is the fastest growing component of rising healthcare costs around the world?

**Pharmaceuticals**

4. Which actor contributes most development assistance for health worldwide?

**The USA National Treasury**

# QUIZ

1. What were the top headlines for GH around mid-December?

**2. Which condition causes most *disease burden* in the world today?**

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# Week 1: Defining & Assessing Health Needs & Determinants

## The GBD 2010 Results

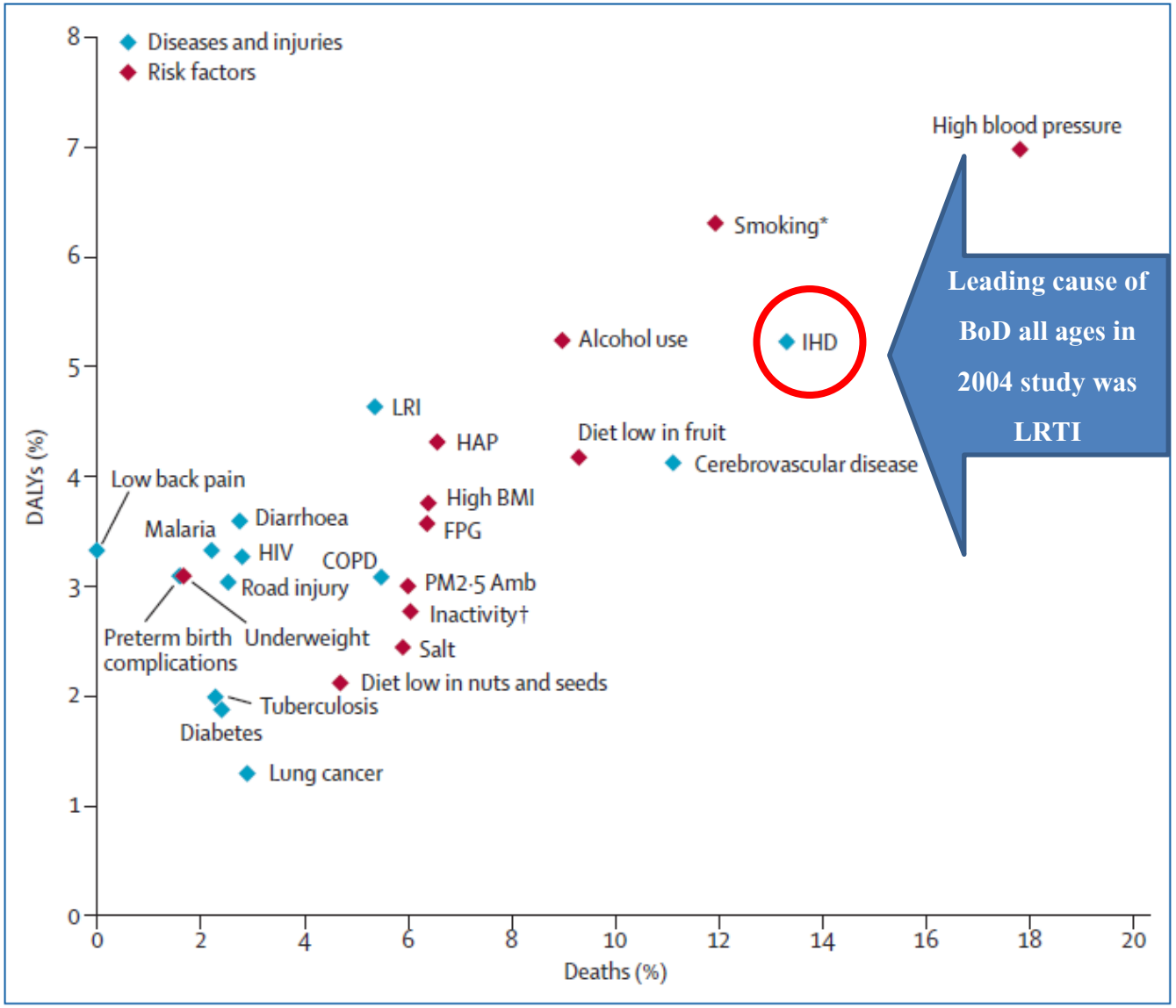



**Figure: Comparison of the magnitude of the ten leading diseases and injuries and the ten leading risk factors based on the percentage of global deaths and the percentage of global DALYs, 2010**

**Source: Murray et al 2012**

**…**

**How will and how should these findings affect future policy?**

Why are the GH disparities reconfirmed in the GBD study 2010 morally problematic?

- Individual agency
- Human flourishing/human capability
- Equality and freedom
- Health is intrinsically valuable

Ruger 2006

**But how do we decide what to do about it?**

Moral principles underpinning GH action:

- Utilitarianism
- Human Rights
- Charity
- Equality

Alkire et al 2004

# How is evidence used for Global Health?

## What counts?

“We will be a radical government. New Labour is a party of ideas and ideals but not of outdated ideology. What counts is what works.”

Tony Blair 1997

Labour Party. New labour: because Britain deserves better. London: General Election Manifesto; 1997. Available at www.politicsresources.net (accessed 12.12.12)

# Health Policy is…

"...courses of action (and inaction) that affect the sets of institutions, organizations, services and funding arrangements of the health system. It includes policy made in the public sector (by government) as well as policies in the private sector. But because health is influenced by many determinants outside the health system, health policy analysts are also interested in the actions and intended actions of organizations external to the health system which has an impact on health (for example, the food, tobacco or pharmaceutical industries"

(Buse, Mays & Walt, 2005:6)

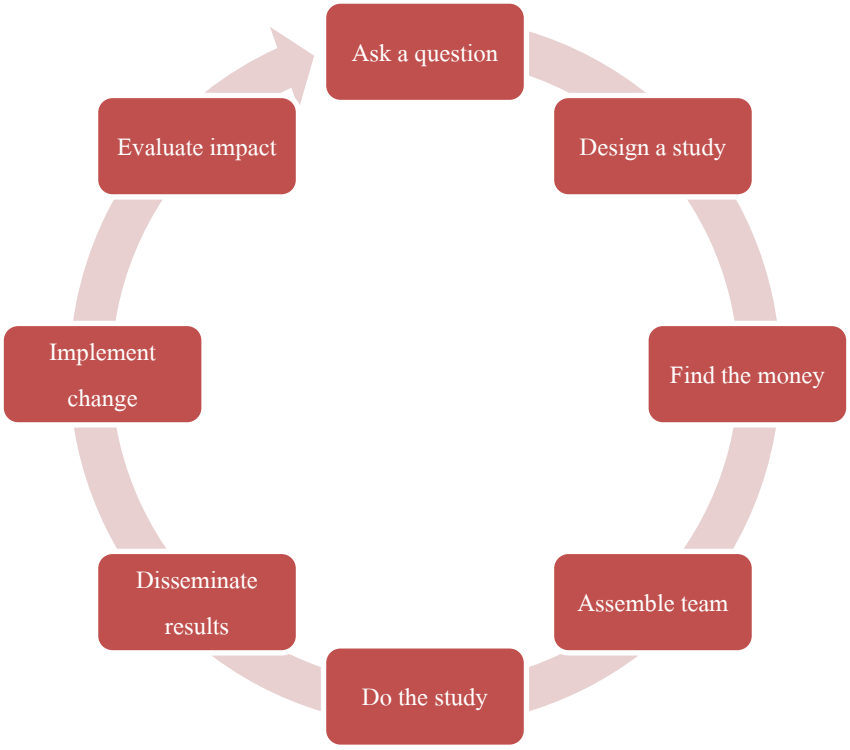
**So what is Evidence-based health policy?..**

# Health Policy analysis

- Runs across the module
- Refer to Buse et al 2012
- Beyond mere description of the contents of policy: aims to answer questions such as How and Why
- Includes retrospective and prospective
  - Retrosp: analysis OF policy
  - Prosp: analysis FOR policy
- Theories, Models and Frameworks

# Link with previous Modules

… remember Crash Course in Methods #4




- Effectiveness – doing more good than harm
- Efficiency - using scarce public resources to maximum effect

# Week 1: Evaluating & Assessing Health Needs & Determinants

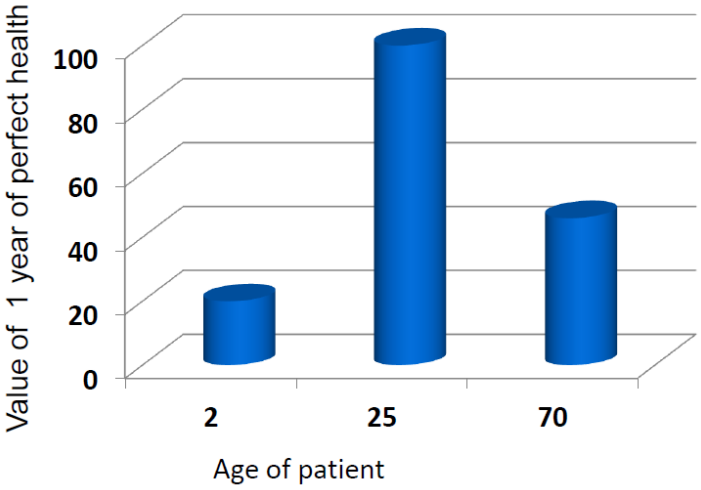
## The case of DALYs

Can the value choices in DALYs influence global priority setting?

**Disability** **status**

| Disability Class | Severity Weight | Indicator condition |
|---|---|---|
| 1 | 0.00 - 0.02 | Vitiligo on face, **weight-for height less than 2 SDs** |
| 2 | 0.02 - 0.12 | **Watery diarrhoea**, severe sore throat, severe anaemia |
| 3 | 0.12 - 0.24 | **Radius fracture in a stiff cast**, infertility, erectile dysfunction, rheumatoid arthritis, angina |
| 4 | 0.24 - 0.36 | Below- the-knee amputation, **deafness** |
| 5 | 0.36 - 0.50 | Recto-vaginal fistula, mild mental retardation, Down-syndrome |
| 6 | 0.50 - 0.70 | **Unipolar major depression**, blindness, paraplegia |
| 7 | 0.70 - 1.00 | Active psychosis, dementia, **severe migraine**, quadriplegia |

**Age**



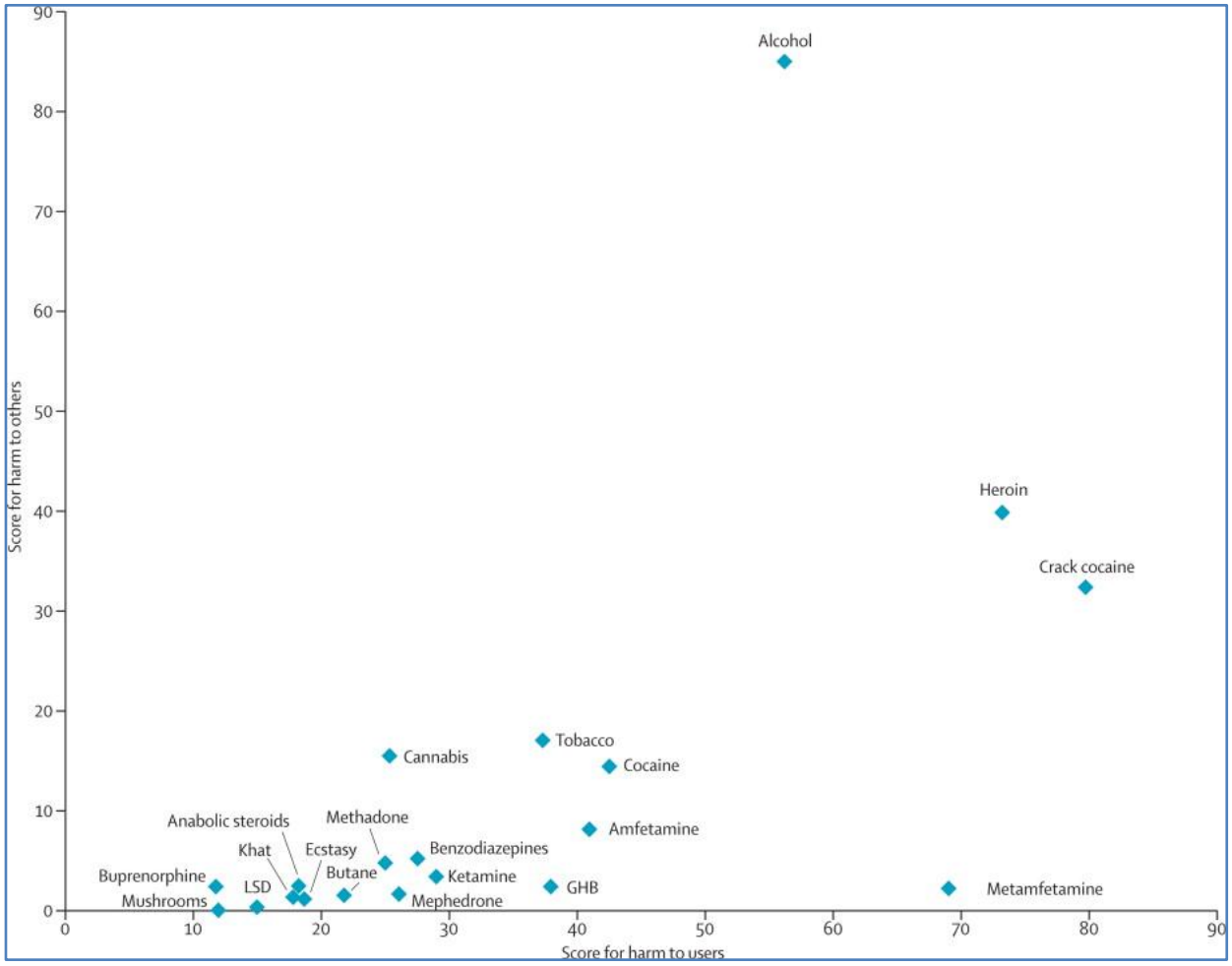
# Social vs Natural world

The example of the use of evidence in medicine – what is the main difference between these 2 definitions?

Dave Sackett in 1996: ‘Evidence based medicine is the conscientious, judicious and explicit use of current best evidence in making decisions about the care of individual patients.’ (Sackett et al 1996)

‘The use of mathematical estimates of the chance of benefit and the risk of harm, derived from high-quality research on population samples, to inform clinical decision-making’. (Greehalgh et al 2002)

# Science v Politics




*"As for his comments about horse riding being more dangerous than ecstasy, which you quote with such reverence, it is of course a political rather than a scientific point."*

(Alan Johnson, Guardian 2009)

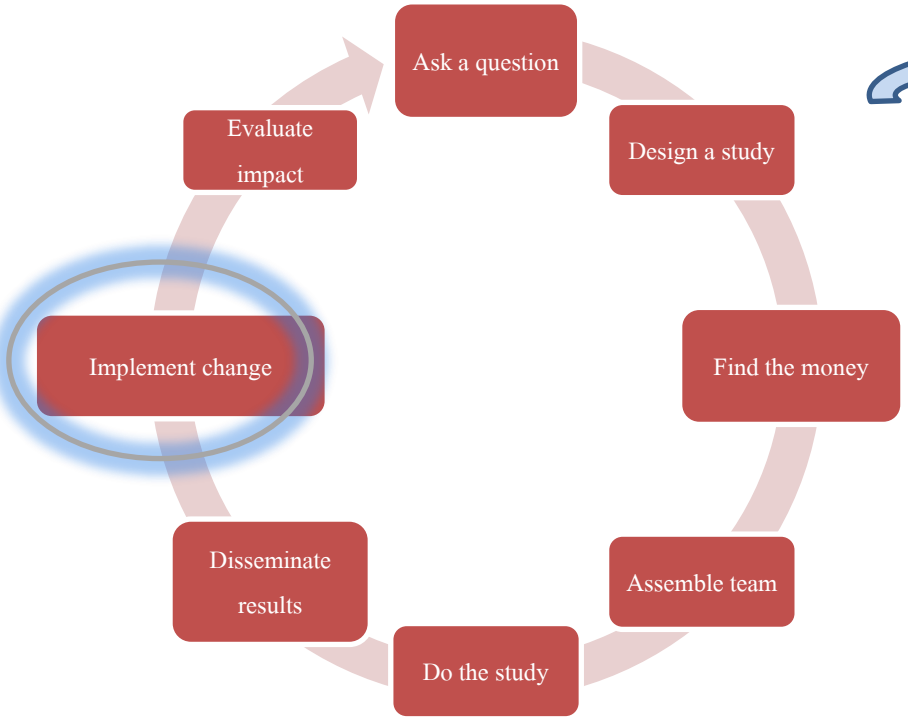
Figure: Drugs shown for their harm to users and harm to others LSD=lysergic acid diethylamide. GHB=γ hydroxybutyric acid. Source: Nutt et al 2011

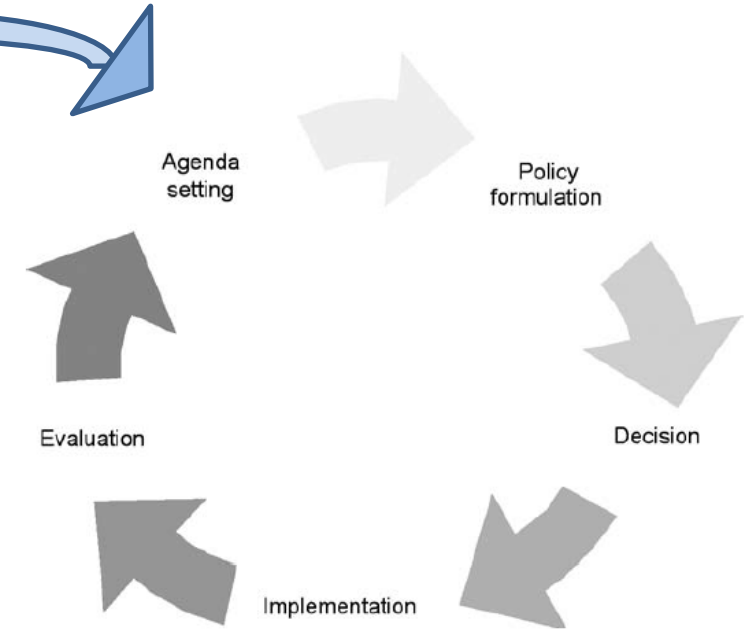
# Use of evidence for Global Health

## How do Evidence and Policy relate to each other?

- The "2-worlds approach":
  - The "gap" between researchers and policy makers is created by differences between the worlds (agendas, needs, time frames, etc.). This needs to be bridged (this approach often advances technical fixes for this).

(e.g. Simon 1957)



# Use of evidence for Global Health

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(e.g. Simon 1957)

- **Political/strategic approach ("1 political world"):**
  - **this represents evidence as highly political. How evidence is created, which evidence is used depends on political need and power.**

Data are a 'Social Product' (Krieger)

(for further reading: Buse et al 2012)

# QUIZ

1. What were the top headlines for GH around mid-December?

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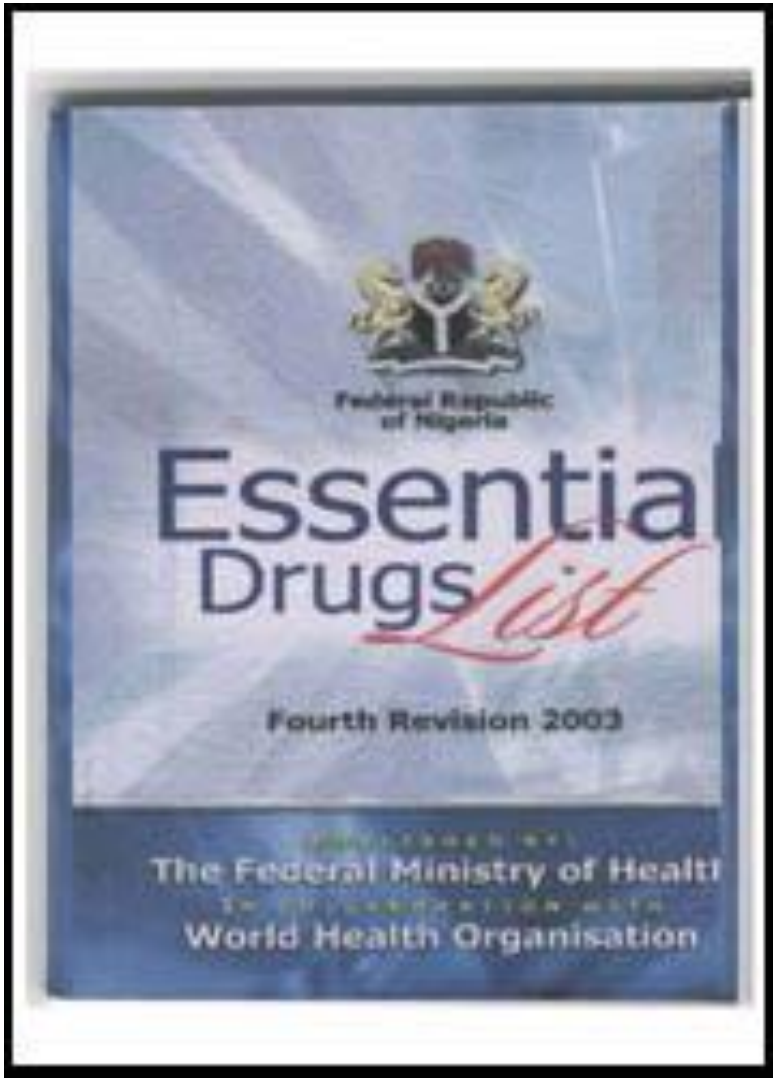
# Week 3: Technology and Access

- Which technologies?
- How should they be adapted to each country's need?



# QUIZ

1. What were the top headlines for GH around mid-December?

2. Which is the  condition causing most  *disease burden* in the world today?

3. What is the fastest growing component of rising healthcare costs around the world?

**4. Which sector in GH receives most DAH globally?**

# Week 4: GH Governance

## Sources of Funding – DAH 1990-2011 (IHME, 2011)

Funds from channels for which we were unable to find disaggregated revenue information as well as interagency transfers from non-DAH institutions are included in "unallocable." "Other" refers to interest income, currency exchange adjustments, and other miscellaneous income.

- Unallocable
- Other
- Debt repayments (IBRD)

Private philanthropy:

- Other
- Corporate donations
- BMGF

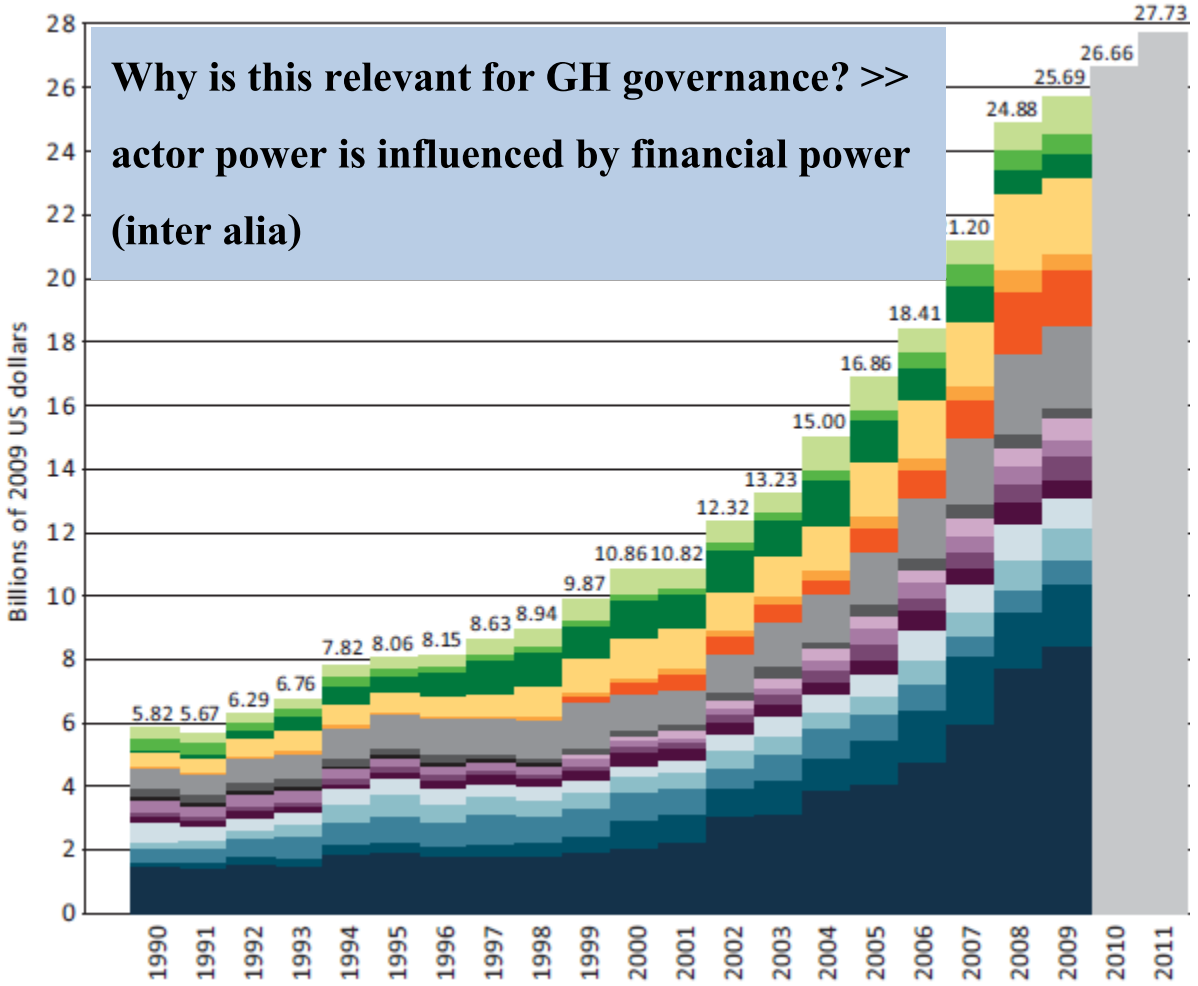
National treasuries:

- Other governments
- Italy
- Norway
- Sweden
- Canada
- Netherlands
- France
- Germany
- Japan
- United Kingdom
- United States

Preliminary estimates

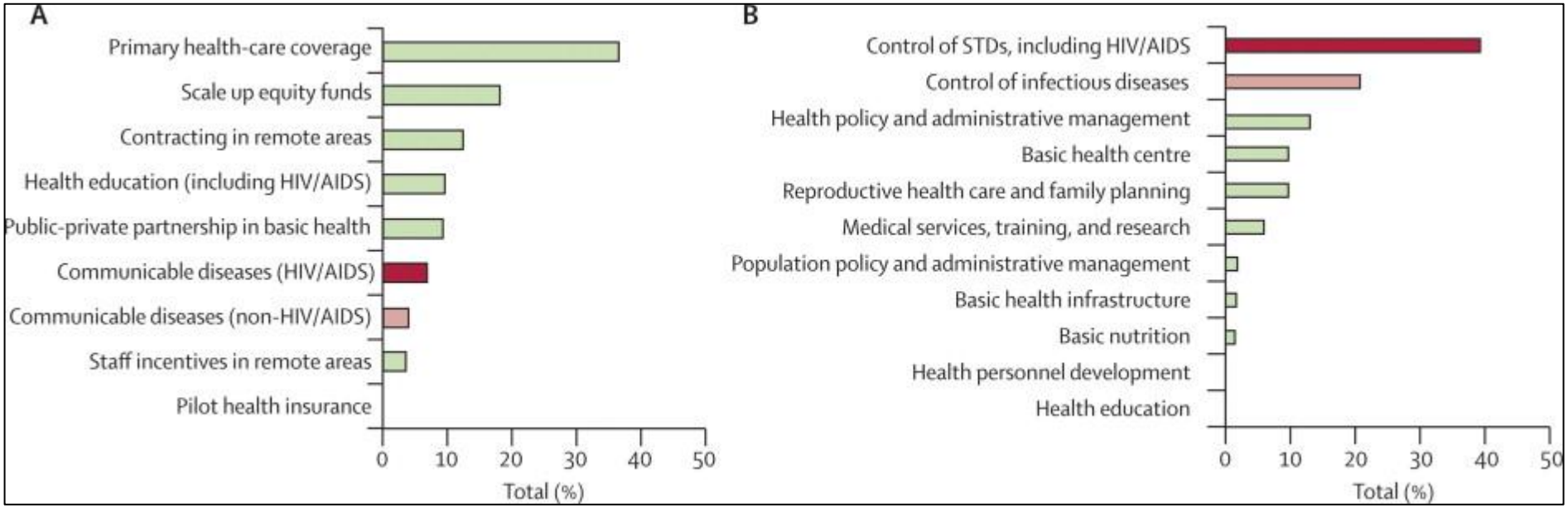
Source: IHME DAH Database 2011

Notes: 2010 and 2011 are preliminary estimates based on information from channels of assistance, including budgets, appropriations, and correspondence. Data were unavailable to show total DAH by source of funding for 2010 and 2011.



# Weeks 2 and 5:Health Systems

## Global Health Priority-setting nationally




**(A) What Cambodia wanted.**

**(B) What Cambodia was given.**

**Figure: Cambodia—alignment of donor assistance to country needs during 2003–05.** **Reproduced from WHO and Ministry of Health of Cambodia with permission. STDs=sexually transmitted diseases. (Source: WHO/UNAIDS/UNICEF 2008)**

# Week 4: GH Governance

## Global Health Priority-setting globally

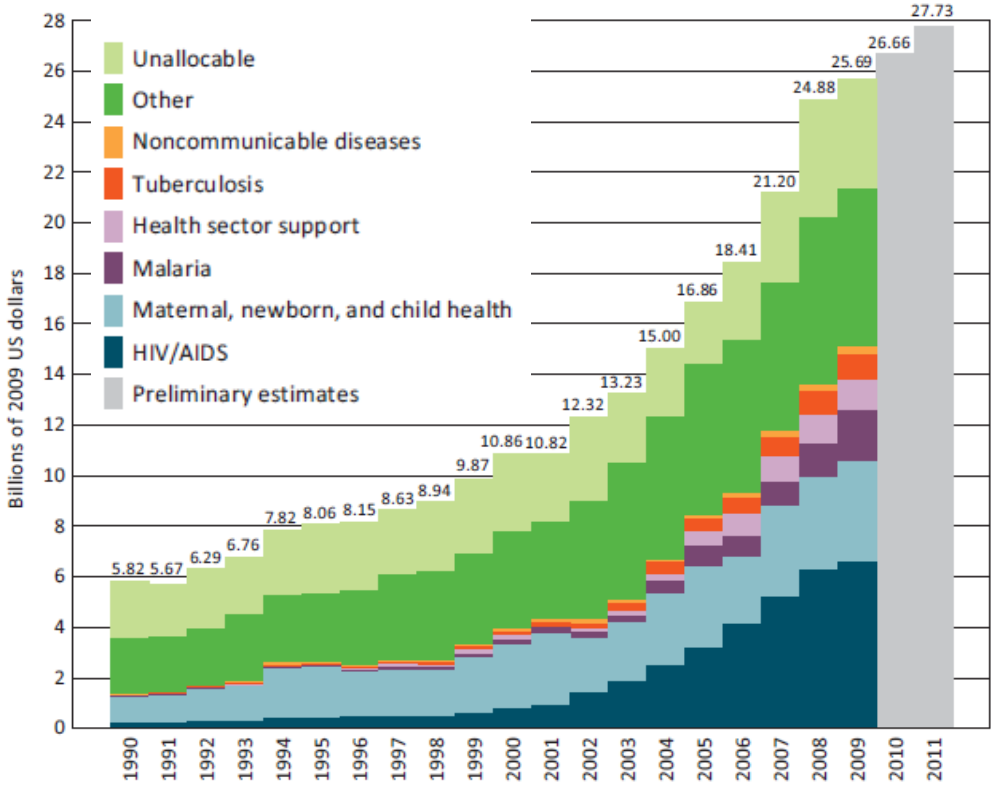



**Figure: DAH for HIV/AIDS; maternal, newborn, and child health; malaria; health sector support; tuberculosis; and noncommunicable diseases, 1990-2011. Sources: IHME DAH Database 2011 and IHME DAH Database (Country and Regional Recipient Level) 2011 (Source of figure: IHME 2011)**

Effects of GHIs on national priorities:

GHI-targeted services increase in coverage more quickly than do non-GHI targeted services, e.g.

Access to HIV services increased from 5% to 31% over 4 years (2003–07)

><access to maternal health services (number of births attended by skilled health personnel) increased only slightly from 61% to 65% during 16 years from 1990 to 2006.

WHO 2008, WHO/UNAIDS/UNICEF 2008

# Weeks 2 and 5: Health Systems

Why do some countries do better?

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

5 states which have achieved better health outcomes than neighbouring ones with similar incomes:

Bangladesh

Ethiopia

Kyrgyzstan

Tamil Nadu (India)

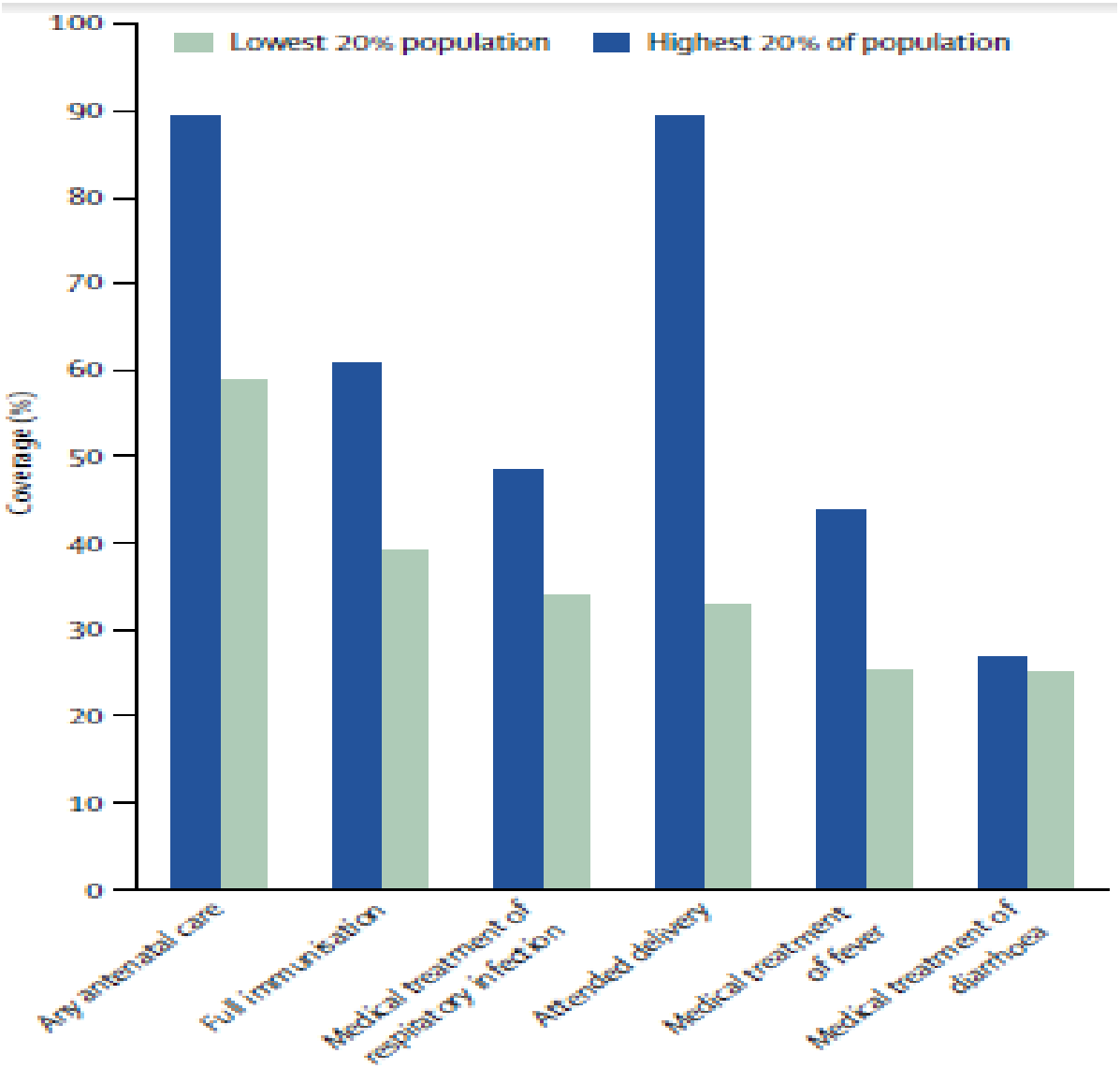
Thailand

# Weeks 2 and 5: Health Systems

Regressive healthcare

***Figure: Use of health services by lowest and highest wealth quintiles in* developing and transitional countries**

Vertical bars = unweighted averages for 51–56 countries, dependent on service. (Gwatkin et al 2004)



# What Module 3 doesn't cover

- The history of International Development and geopolitics
- Gender
- … and many more topics, fields of study and disciplines

# References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