

Redefining Global Health Care

Narrowing the Gap Between Aspiration and Action

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WHO: COMMISSION ON MACROECONOMICS AND HEALTH

8 Million deaths per year could be averted with programs for which we have effective interventions to prevent and treat several diseases

- HIV/AIDS
- TB
- Malaria
- Childhood Infectious Disease
- Maternal and Perinatal Conditions
- Tobacco-related Illness
- Micronutrient Deficiencies

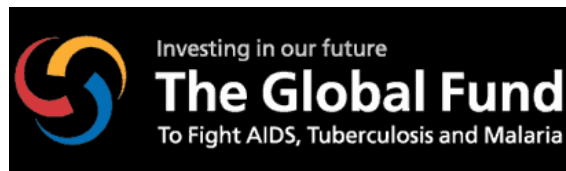
Source: Table 2, Commission Report 2003

the implementation bottleneck

- Vaccines
- Primary Health Care
- Drug Therapies
- Maternal and Child Health Care
- Basic Surgery



UNPRECEDENTED OPPORTUNITY



- Key leaders and institutions have recognized the gravity
- Since 2001, over \$85B in new funding for development
- 28x HIV/AIDS spending increase from \$300M in 1996 to \$8.5B
- Dramatic decline in treatment costs

- **A golden era of funding for global health programs**

investment

GATES GRANTS

\$448M - new health technologies

\$413M - HIV/AIDS vaccine

\$258M - malaria vaccine

\$165M - new malaria drugs

\$124M - anti-HIV microbicides

\$115M - diarrhea/nutrition

\$106M - TB vaccines/diagnostics



the implementation bottleneck

- Vaccines
- Primary Health Care
- Drug therapies
- Maternal Child Health Care
- Basic Surgery

Gates Foundation develops:

- Microbicides and other preventive tools
- New malaria and TB drugs, diagnostics
- New combination therapies
- Drugs for neglected diseases
- >10 new vaccines



THE UNITED STATES EXPERIENCE

	Aspiration	Action
Beta blockers within 24 hours of admission with chest pain	100%	69%
Antibiotic administered within 8 hours of admission with pneumonia	100%	87%
Mammography at least every 2 years	100%	60%
Fundoscopy examination for diabetic retinopathy	100%	70%

Source: Jencks et al analysis of Medicare data, *JAMA*, 2003

NEW CHALLENGES

Increasing funding will allow...

- program innovation
- A move from small projects to large scale implementation
- greater impact on the health of populations
- a focus on a wider range of diseases

...but requires thoughtful new leadership to

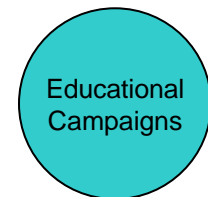
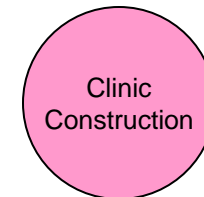
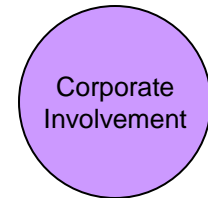
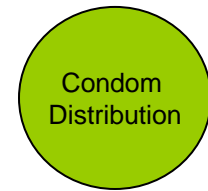
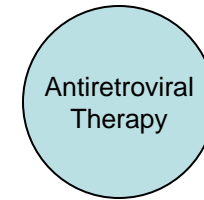
- manage resources effectively
- close the “know-do” gap
- create administrative efficiencies, reduce resource consumption, reduce supply costs, and improve quality

- **Create high value delivery models**

GLOBAL HEALTH “STRATEGY” TO DATE

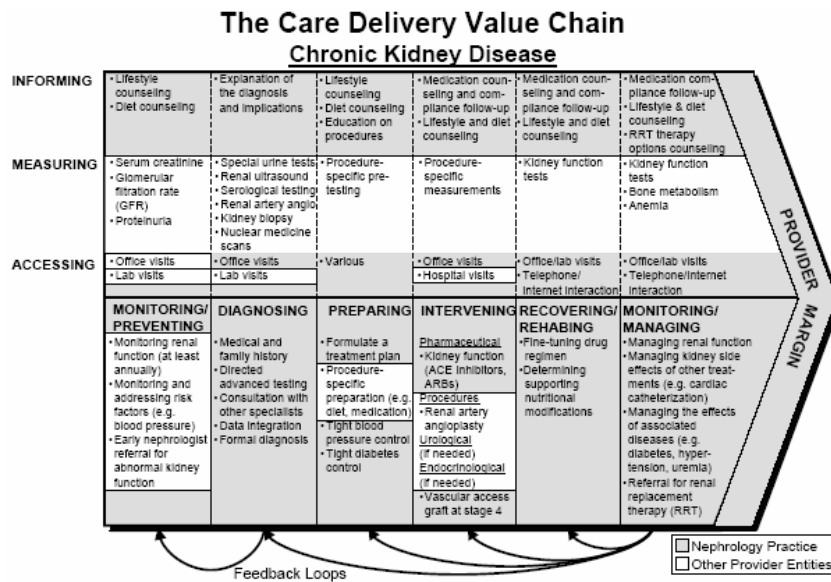
- Countries working in isolation of each other
- Project-based
 - Donor preferences
 - Scarcity of resources
 - Experimental pilots
- Ineffective and Non-results oriented
 - Absence of technology and measurement orientation

- **Clear need for a better approach**










A NEW PARADIGM

- The need for holistic framework that incorporates all activities and actors contributing to global health outcomes at a medical condition level
- **Value = Health outcomes per dollar spent**
- Porter and Teisberg’s concept of a “care delivery value chain”

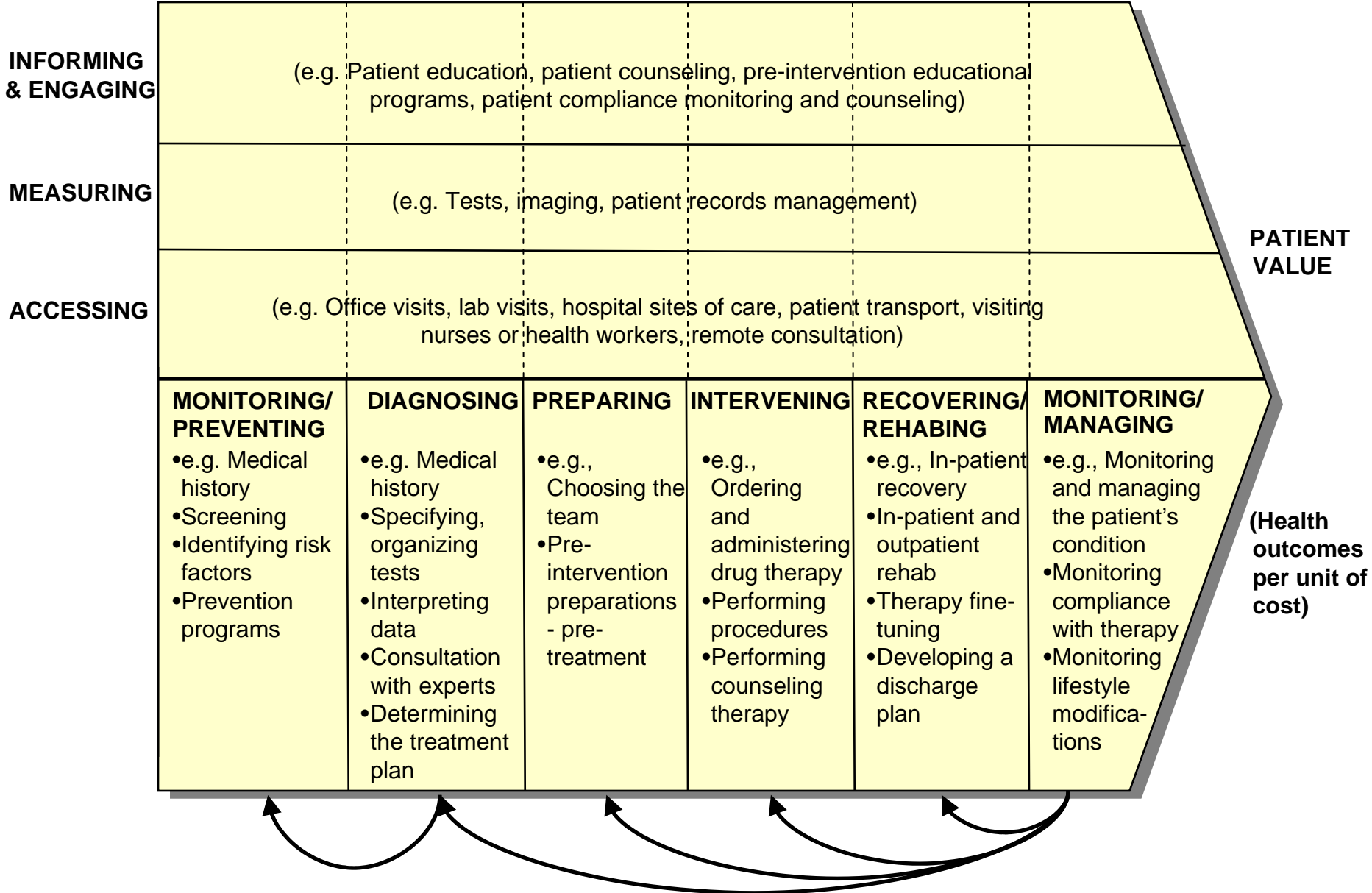


• **Allows careful examination of all activities of care delivery system and more thoughtful deployment of resources**

DEVELOPED WORLD AND RESOURCE-POOR SETTINGS SUFFER FROM SIMILAR DELIVERY PROBLEMS

- The product is treatment  The product is health
- Volume of services (# tests, treatments)  Value of services (health outcomes per unit of cost)
- Specialties  Integrated care
- Discrete interventions  Care cycles
- Individual disease stages  Sets of prevalent co-occurrences
- Fragmentation of entities and programs  Integrated care delivery organizations
- Stand alone facilities  Facilities networks

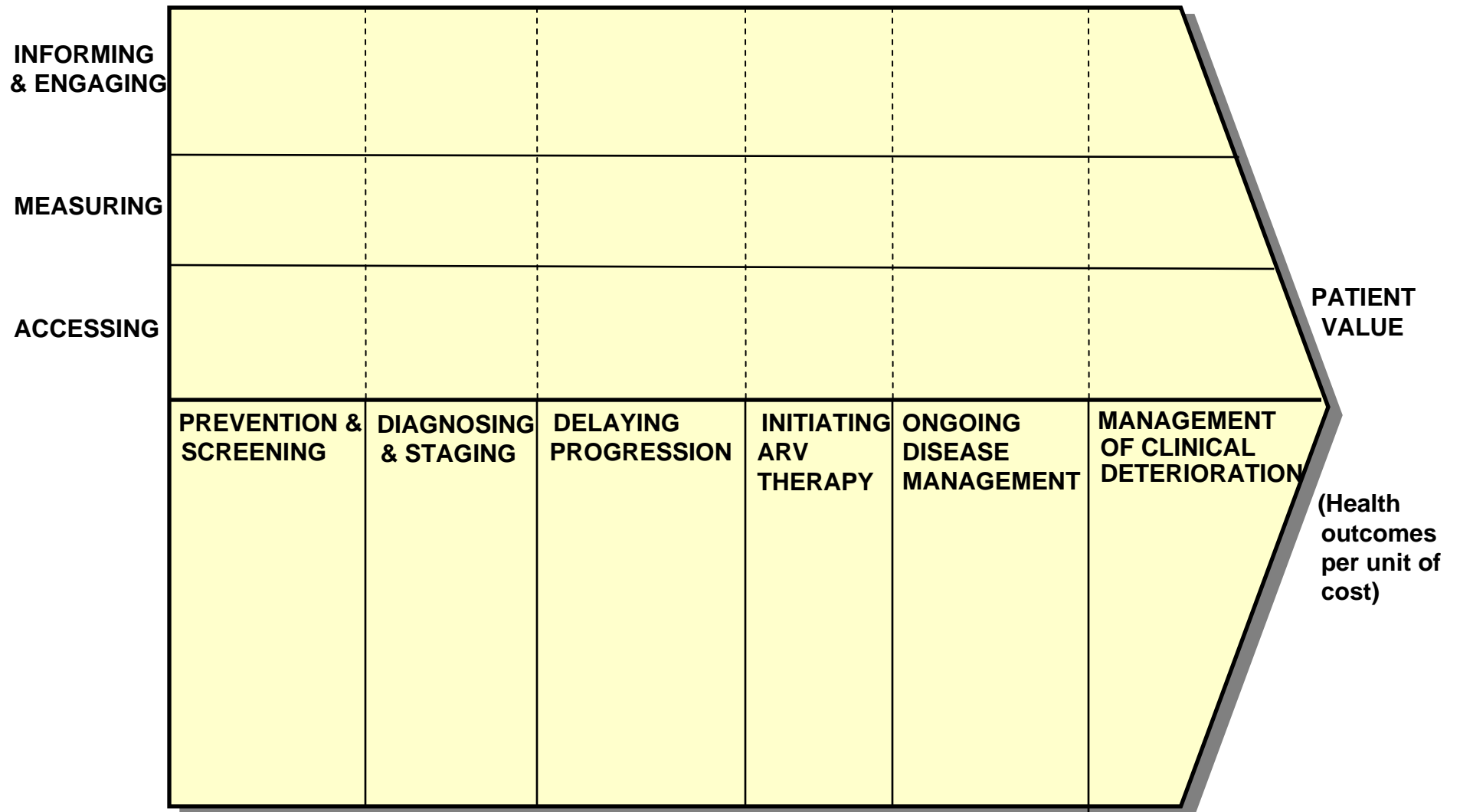
THE CARE DELIVERY VALUE CHAIN



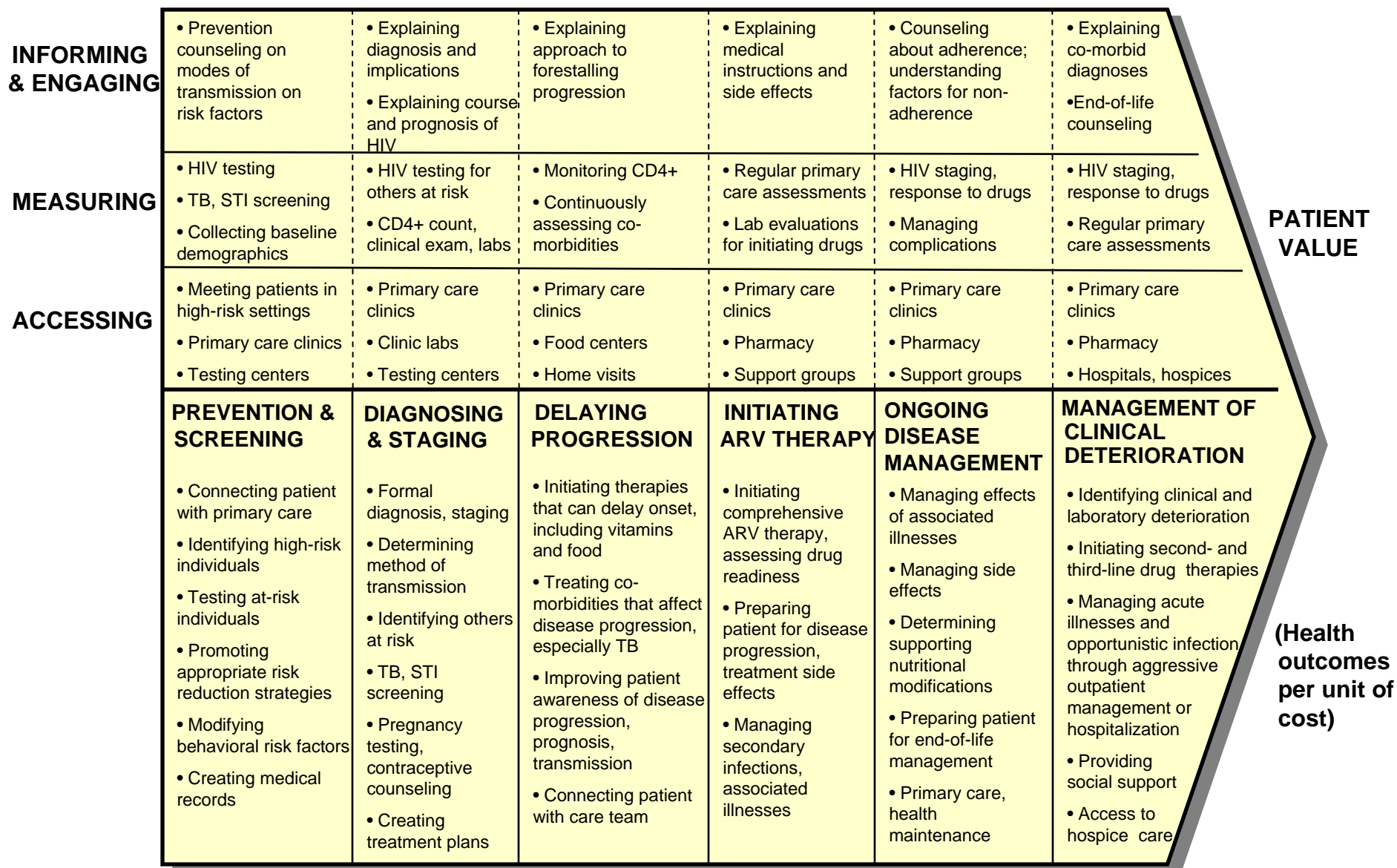
ANALYZING THE CARE DELIVERY VALUE CHAIN

1. Are the **set of activities** and the **sequence of activities** in the CDVC aligned with value?
2. Is the appropriate **mix of skills** brought to bear on each activity and across activities, and do individuals work as a **team**?
3. Is there **appropriate coordination** across the discrete activities in the care cycle, and are handoffs seamless?
4. Is care structured to **harness linkages** (optimize overall allocation of effort) across different parts of the care cycle?
5. Is the **right information** collected, integrated, and utilized across the care cycle?
6. Are the activities in the CDVC performed in **appropriate facilities and locations**?
7. What provider departments, units and groups are involved in the care cycle? Is the provider's **organizational structure** aligned with value?
8. What are the **independent entities** involved in the care cycle, and what are the relationships among them? Should a provider's **scope of services** in the care cycle be expanded or contracted?

HIV/AIDS CARE DELIVERY VALUE CHAIN

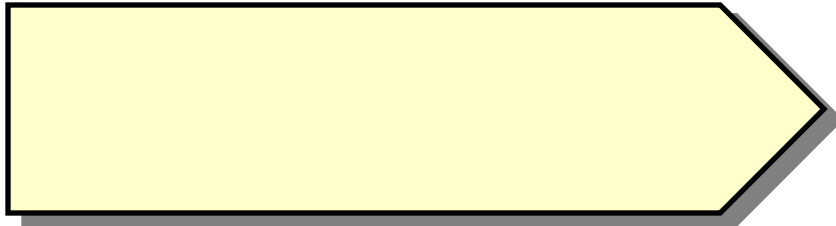


HIV/AIDS CARE DELIVERY VALUE CHAIN

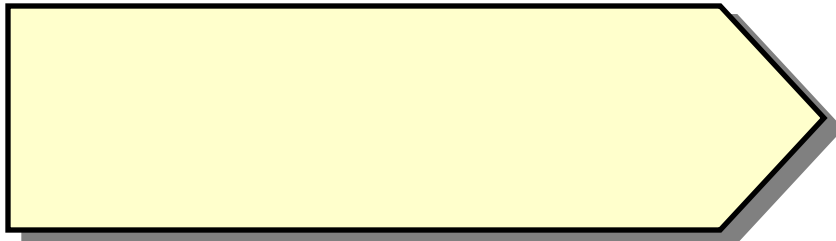
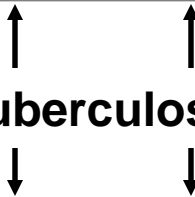


DESIGNING THE HEALTH CARE SYSTEM

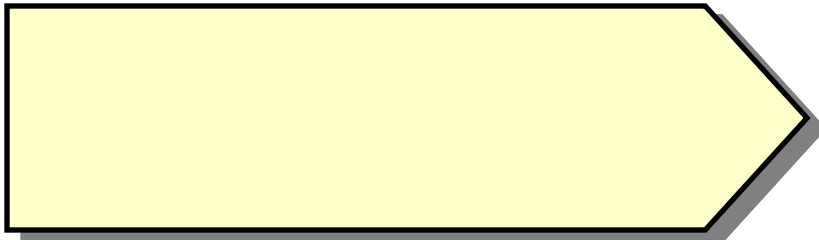
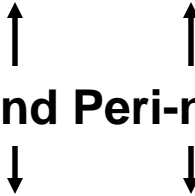
HIV/AIDS



Tuberculosis



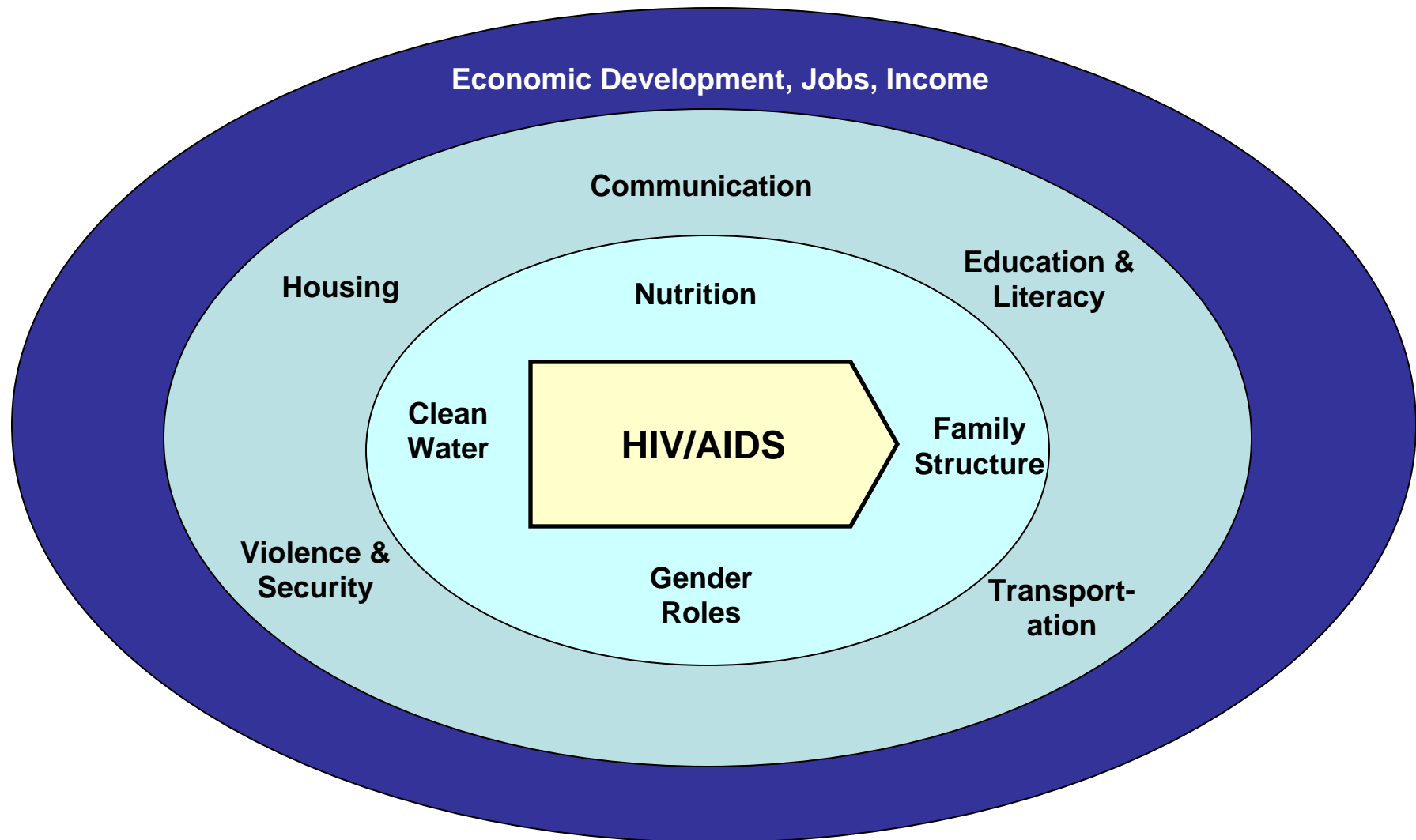
Maternal and Peri-natal Care



IMPLICATIONS FOR HIV/AIDS CARE

- Management of **social** and **economic barriers** is critical to the treatment and prevention of HIV/AIDS
- Screening is most effective when **integrated into a primary health care system**
- **Early diagnosis** helps in forestalling disease progression
- Improving maternal and child health care services is integral to the HIV/AIDS care cycle through **substantially reducing the incidence of new cases** of HIV
- Intensive evaluation and treatment at time of diagnosis can **forestall disease progression**
- Improving **compliance** with first stage drug therapy lowers drug resistance and the need to move to more costly second line therapies
- Coordinated development of **primary care infrastructure** can improve the value of the HIV/AIDS care cycle while simultaneously improving value in the care of other diseases

HEALTH AND HEALTH CARE DELIVERY IN THE RESOURCE-POOR CONTEXT



- Health care delivery must incorporate the **realities of patient circumstances**
- Health care system development should maximize the leverage of the health system to **positively impact the broader context**

HOW DO WE STUDY COMPLEX STRATEGY PROBLEMS?

- Develop **theoretical principles** about the underlying phenomenon
- Employ a mix of **quantitative** and **qualitative** analysis
- Conduct in-depth **field research** focused on the role of organizational leaders and their choices, studied in context
- Careful study of numerous **case studies** spanning multiple settings and encompassing both success and failure
- Develop **frameworks** that can be applied prospectively to guide practice
- Encompass the complexity of the **whole problem**
- Intensive interaction with **practitioners** to disseminate concepts and refine implementation in specific country settings

CASE EXAMPLE: RWANDA

**Prevention
Testing**

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**Disease
Management**

**Managing
Deterioration**

CASE EXAMPLE: RWANDA

**Prevention
Testing**

**Diagnosis
Staging**

**Del
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**Disease
Management**

**Managing
Deterioration**

CASE EXAMPLE: RWANDA



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Delaying
progression

Initiating
ART

Disease
Management

Managing
Deterioration



CASE EXAMPLE: RWANDA

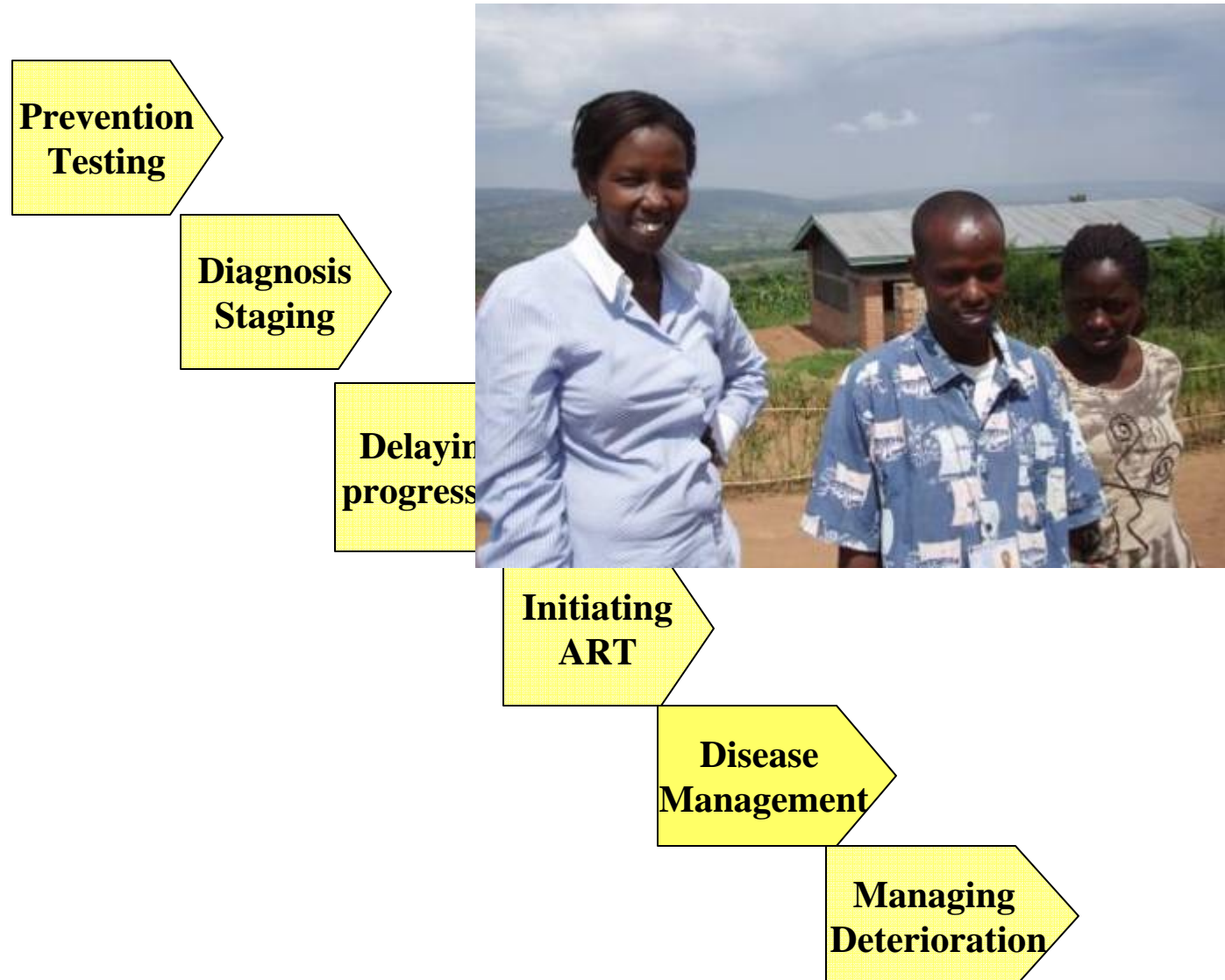


**Initiating
ART**

**Disease
Management**

**Managing
Deterioration**

CASE EXAMPLE: RWANDA



CASE EXAMPLE: RWANDA



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Introducing
ART

**Disease
Management**

**Managing
Deterioration**

EVALUATE HOW THE SEQUENCE OF ACTIVITIES IS ALIGNED WITH VALUE

- Are there coordination and linkages across activities?
- How are human resources deployed?
- How are facilities and organizational structures arranged to create value?
- How is information shared across activities?

COORDINATION AND LINKAGES ACROSS ACTIVITIES

**Prevention
Testing**



**Disease
Management**

EVALUATE HOW THE SEQUENCE OF ACTIVITIES ARE ALIGNED WITH VALUE

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HOW ARE HUMAN RESOURCES DEPLOYED?



EVALUATE HOW THE SEQUENCE OF ACTIVITIES ARE ALIGNED WITH VALUE

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FACILITIES ARRANGED TO CREATE VALUE



- Governments in Africa and especially Rwanda must be engaged.
- Building the public health infrastructure and education system will best serve the public and allow the right to health care and education in Rwanda.
- Integrated HIV programs can increase uptake of vaccinations, family planning, and improve primary health care in the public sector

EVALUATE HOW THE SEQUENCE OF ACTIVITIES ARE ALIGNED WITH VALUE

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Communities of Practice: Progress to Date

Community of Practice among Partners in Health Network

Partners In Health Model On-line
A warehouse of PIH tools, resources and guidelines for global health delivery

HIV Manual
view edit track

On-line edition (BETA)
Welcome to this test of the interactive, on-line edition of *The PIH Guide to the Community-Based Treatment of HIV in Resource-Poor Settings*. As the title at the top of the screen suggests, this is the first module of the Partners In Health Model On-line, the first storeroom in what will become "a warehouse of PIH tools, resources and guidelines for global health delivery."

This on-line manual is distinctly a work in progress. We intend to keep it that way. Our long-term goal is to build a "knowledge community," a community where people working to ensure quality health care and social justice for the poor can exchange comments, questions, lessons and examples drawn from their own experience, both with Partners In Health and with each other. We expect that exchange to enrich all of our work, as well as future editions of this manual.

Use the table of contents in the navigation bar at the right to page through the HIV manual or to go directly to the sections that interest you most. Unregistered users may browse the text, review comments, and download PDF files of each chapter of the manual for offline use and reference.

Please feel free to add your comments on specific sections, entire chapters, or the manual as a whole.

The PIH Guide to the Community-Based Treatment of HIV in Resource-Poor Settings
Second Edition • 2006
Download [pdf, 234 pages, 1.6mb]

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Guides and materials shared with community of health practitioners

Interactive site invites feedback from users

PIH Guides in use at FACES clinics in Western Kenya
Submitted by Rachel True (not verified) on Thu, 2007-05-03 15:54.

Family AIDS Care and Education Services (FACES) is an HIV care and treatment program. It is a collaboration between KEMRI and the University of California in San Francisco (UCSF) and is funded through the US President's Emergency Plan for AIDS Relief (PEPFAR). FACES' activities are in the western part of Kenya, in Nyanza province. FACES started in March 2005 with the program in Kisumu city. It has since expanded to work in two other districts, namely Suba and Migori. FACES is committed to providing high quality HIV care, treatment and support to HIV infected persons and their families.

IS2

add specifics

Partners Information Systems, 5/29/2007

Before

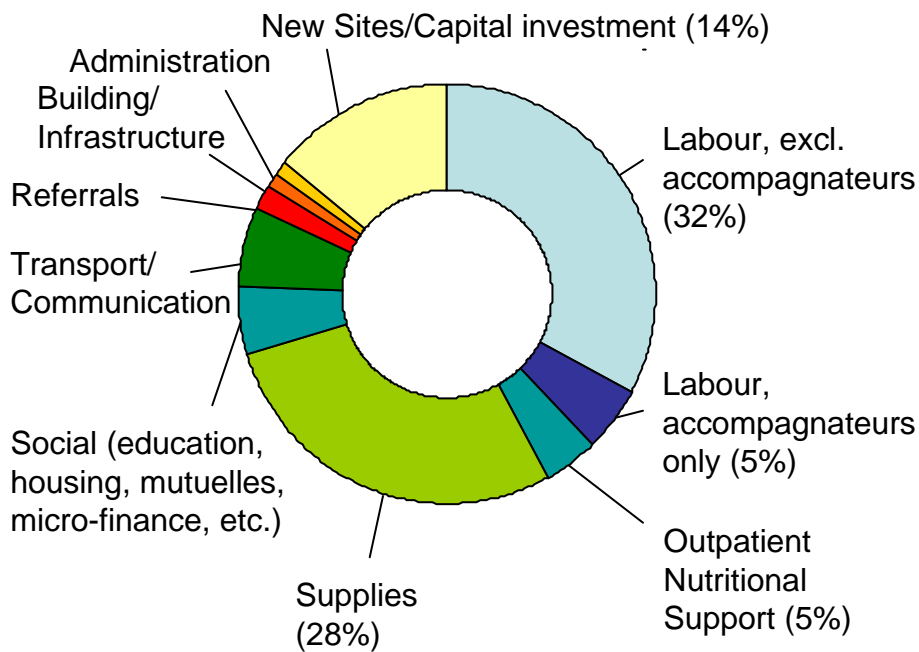


After



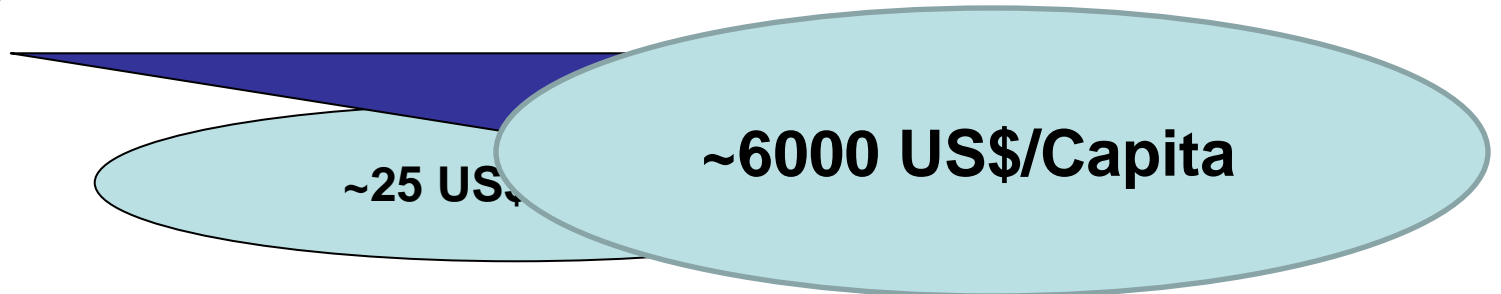
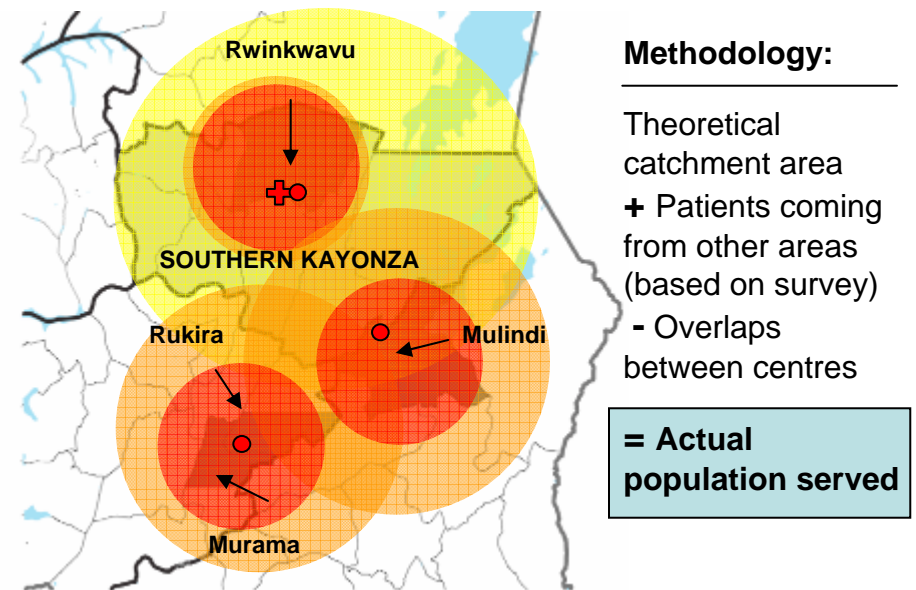
Summary of detailed unit costing, extrapolated to a full district

100% = US\$ 4.7 million in 'steady state' (2011)



Estimated 'catchment' area of unit

100% = 265,000



PARTNERS IN HEALTH: RESULTS

- ***Haiti***
 - Over 1 million patient visits in clinics in 2005
 - More than 9500 HIV patients monitored with over 2200 on ART
 - Inspired President Bush's Emergency Plan for AIDS Relief
- ***Peru***
 - More than 2000 people treated for MDR-TB
 - Trained over 4000 healthcare workers in MDR-TB management in 2005
 - Changed Global Policy
- ***Rwanda***
 - Projects sites serve over 350,000 people
 - Over 1800 on ART, 100 more each month
 - Commitment to first ever national primary health care scale-up

AN OPPORTUNITY FOR HARVARD TO LEAD

- There is a deadly gap between what we know and what we do
- Millions of lives can be saved even without new technology, but simply by doing what we know better
- There is an urgent need for a new science of healthcare delivery that transforms the way global health practitioners implement effective solutions
- Harvard University is uniquely positioned and qualified to promote this new discipline

OUR NEXT STEPS

Create a University-wide initiative on Global Health Delivery that accelerates innovation in global health delivery

This initiative will:

- Study the most striking successes and failures in global health care delivery
- Support the creation of an international electronic medical record and launch web-based communities of practice
- Launch two care delivery innovation centers to accelerate the creation of new care delivery models
- Create training programs and materials to support the diffusion of innovation

OUR SPECIFIC NEAR-TERM NEEDS

People

- Assemble a staff of case researchers (10-12)
- Build scale-up team to survey all 30 districts in Rwanda and develop a plan to launch a national care delivery program throughout the country.
- Recruit 5-7 engineers to build the user interface for open MRS and communities of practice
- Recruit staff to lead and engage communities of practice
- Endow professorships in global health delivery sciences

YOUR SUPPORT

- Your expertise from leading/analyzing successful delivery and implementation efforts
- Your assessment of our plan and approach
- Your support

A young boy with a bright smile, looking directly at the camera. He is shirtless and has short, dark hair. The background is slightly blurred, showing green foliage and a woven basket.

haiti

“ To create and nurture a community of the best people committed to leadership in alleviating human suffering caused by disease.”



HARVARD MEDICAL SCHOOL
MISSION STATEMENT