What is Primary Health Care?

The Declaration of Alma Ata:

• "essential health care based on practical, scientifically sound and socially acceptable methods"

• Technology made universally accessible to individuals and families in the community through their full participation

• At a cost that the community and country can afford to maintain at every stage of their development

• In the spirit of self-reliance and self-determination."
Mozambique Health Care System

- Public sector health care
  - Human resources
  - Infrastructure (bricks & mortar)
  - Training institutions
  - Pharmacy
  - Laboratories
  - Logistics
  - M&E, SI, data systems
  - Research
Financing the Mozambique Ministry of Health

- State budget
- Common Fund
  - Technical assistance
    and provincial support
  - Drugs
  - General
- SWAp process
- Vertical Funds
Health Sector Funding: Vertical, Horizontal, Diagonal

• **Vertical**
  - Disease specific/ project specific
  - Channeled into NGOs, external projects, MOH

• **Horizontal**
  - Strengthens cross-cutting systems in MOH
  - Strengthens admin and basic institutions in MOH

• **Diagonal**
  - Uses vertical funds to strengthen systems in MOH
Recent Increase in Vertical Funding

- PEPFAR
- Global Fund
- World Bank (TAP)
- Bilaterals
- Gates Foundation
- Clinton Foundation
Who gets the rest of the vertical funds?

- ICAP
- EGPAF
- HAI
- Vanderbilt
- Save
- Care
- World Vision
- PCI
- PSI
- And on and on.....
Obrigado!
Sierra Leone DEMOGRAPHIC AND ECONOMIC PARAMETERS

- Coastal country in West Africa (72,000 sq.km)
- Population: 7 million
- 4 regions → 14 districts → 149 chiefdoms
- Physical regions: Freetown Peninsula’s raised beaches and hills,
  Coastal Plains, Interior Lowlands, Interior Plateau
- GDP: 4.215 billion US$; Per capita: 653.132 US$
- Human Development Index: 0.420; rank: 179
STRUCTURE OF HEALTH CARE SYSTEM

- Decentralisation of Health care since 2004
- Primary health care managed by 19 local councils
- The 13 District Health Management Teams (DHMTs) plan, organize, manage, implement, monitor and supervise health programmes in their districts
HEALTH CARE FINANCING

- Health sector highly reliant on external sources of funding
- Free Health care initiative (2010)
- Community loan funds
- Total health expenditure (THE): Government- 17% ; Private- 83% (Out of pocket- 73%);
- Out of pocket as % of THE- 61%
- THE as % of GDP : 11%
- THE per capita: 86 US$
- Mean annual growth rate in GDP (%): 5.5%
HEALTH CARE DELIVERY

- # of physician per 1,000 people - 0.024
- # of nurses per 1,000 people - 0.166
- # of hospital per 1,000 people - 0.40
- insurance coverage??
HEALTH INDICATORS

• Life expectancy at birth (m/f years) : 49/51
• MMR: 1,360 deaths per 100,000 live birth
• U5MR → 156 per 1000 live births
• Infant mortality rate: 92 deaths per 1,000 live births
• Causes of death; Malaria, lower respiratory infections, Protein energy malnutrition, preterm birth complications, diarrhoeal diseases, HIV, cancer, stroke, TB, IHD
• Risk factors: childhood underweight, household air pollution from solid fuels, iron deficiency, alcohol use
• Civil war, Ebola outbreak
ACCESSING HEALTH CARE
FINAL THOUGHTS

• Financial barriers can be reduced for priority groups
• Increased demand should be met by increased supply
• Challenges in long term sustainability
UK National Health Service (NHS)

• Established after WWII

• Central principles: Health services will be available to all
  Health services will be financed entirely by taxation

• NHS coverage is universal for all who are ‘ordinarily resident’, and free at the point of use

• “Ordinarily Resident” includes anyone “living in the UK on a lawful, voluntary and properly settled basis for the time being” (for social, family or business reasons)
  • Much broader than ‘Residency’ for immigration purposes
UK Demographic and Economic Parameters

- Population: 64 million (82% urban, 18% rural)
- GDP: $6.7 trillion USD
- GDP per capita: $42,000 USD
- Human Development Index: 0.907
- NHS sees 650,000 patients every 24hrs
- Universal coverage
- 2.8 physicians per 1,000 people
- 9.5 nurses per 1,000 people
- 9.6 hospital beds per 1,000 people

UK Office of National Statistics
UK Healthcare Financing

• Total health expenditure: £150.6 billion in 2013 (8.8% of GDP)
• Health expenditure per capita: £2350

• Public funding sources: 76% general taxation, 19% national insurance contributions, 5% user fees
• Private funding: Supplemental private insurance available, used by 12% of population.

• Total health care expenditure
  • Public: 84%
  • Direct out-of-pocket costs: 13%
  • Private insurance: 1%

• Mean annual growth rate in total health expenditure: 2.7%
• Mean annual growth rate in GDP: 2%

UK Office of National Statistics
UK Health Indicators

• Life expectancy:  
  - total population: 80.7 years  
  - male: 78.5 years  
  - female: 83 years

• Maternal mortality ratio: 9 deaths/100,000 live births

• Infant mortality rate: 4.3 deaths/1,000 live births

• U5MR: 5 deaths /1,000 live births

• Top 5 causes of death: Dementia, Ischemic heart disease, Cerebrovascular disease, Chronic lower respiratory disease, Lung cancer

• Top risk factors for disease: Tobacco and unhealthy diet  
  → 22% of disease burden

UK Office of National Statistics
NHS GP Surgery (Clinic):
Open M-F 8-6:30 or 8-8:30
Services Included:  
Online booking/records
GP / Family medicine
Antenatal
Well baby
Men’s health
Chronic disease management
Home visits
Vaccinations
Referral to local specialist care
China Healthcare: A Sector in Transition

Four Driving Factors

- GDP
- Urbanization
- Demographic Shift
- Lifestyle Shift

Source: Frost & Sullivan’s analyst briefing on the Chinese healthcare market, 2008
Number of health agencies
330 thousand

Number of health workers
5.568 million

Number of school
45
Hospital Utilization

Figure: China's Three-Tiered Health Care System Pyramid

Source: Technomic Asia
## China’s health care system: a snapshot

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good numbers of well trained doctors</td>
<td>Lack of general practice structure / staff</td>
</tr>
<tr>
<td></td>
<td>Poor doctor-patient relationships</td>
</tr>
<tr>
<td>Universal health insurance with co-pay</td>
<td>Long delays – loss of productivity, frustration</td>
</tr>
<tr>
<td>Good access to advanced Western medicine (in larger cities)</td>
<td>Service quality reduced in remote areas (rural health practitioners)</td>
</tr>
<tr>
<td>Good HCP &amp; consumer web access to health information via smartphones</td>
<td>Outdated hospital infrastructure / technology</td>
</tr>
<tr>
<td>Significant expenditure 5.4% of GDP* = US$540 billion</td>
<td>Drug dispensing in hospitals – 15% surcharge – can comprise up to 40% of hospital income.</td>
</tr>
<tr>
<td>Increasing number of hospitals building 20,000 new ones</td>
<td>Lack of private sector facilities/choice</td>
</tr>
<tr>
<td>Excellent numbers for clinical trials</td>
<td>Slow registration of new drugs by China FDA</td>
</tr>
</tbody>
</table>
## Healthcare Financing

### Evolution of the Chinese Consumption Portfolio

<table>
<thead>
<tr>
<th>In 2014</th>
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</thead>
<tbody>
<tr>
<td>Total health expenditure: 353.24 billion RMB (52.1 billion USD)</td>
</tr>
<tr>
<td>The budgetary health expenditure by Gov.: 29.96%</td>
</tr>
<tr>
<td>Health expenditure by society (%): 38.05%</td>
</tr>
<tr>
<td>Health expenditure by individual (%): 31.99%</td>
</tr>
<tr>
<td>The total health expenditure by per capita: 2,581.66 RMB (420.27 USD)</td>
</tr>
<tr>
<td>The percentage to GDP by health expenditure (%): 5.55%</td>
</tr>
</tbody>
</table>

Source: National Health and Family Planning Commission Health Development Research Center
Health Indicators

- Life expectancy: 1950: 39/42; 2017: 75/78
- Maternal mortality ratio: 27 deaths/100,000 live births
- Infant mortality rate: 9 deaths/1,000 live births
- U5MR: 11 deaths /1,000 live births
- Top 5 causes of death: Stroke (23.7%), Ischaemic heart disease (15.3%), Chronic obstructive pulmonary disease (10.3%), Trachea, bronchus, lung cancers (6.1%), Liver cancer (3.9%)
- Top risk factors for disease: Alcohol, Tobacco
# A Visit to Doctor in China

## Medical costs for Chinese patients

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average total income per hospital, m yuan</td>
<td>26</td>
<td>43</td>
</tr>
<tr>
<td>and from medicine sales</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Total medical expenses per outpatient, yuan</td>
<td>69</td>
<td>114</td>
</tr>
<tr>
<td>of which average medicine costs per outpatient</td>
<td>43</td>
<td>62</td>
</tr>
<tr>
<td>Total medical expenses per inpatient, yuan</td>
<td>2,597</td>
<td>4,219</td>
</tr>
<tr>
<td>of which average medicine costs per inpatient</td>
<td>1,279</td>
<td>1,872</td>
</tr>
</tbody>
</table>

Source: Ministry of Health

1.8 doctors per 1000 population
one GP for every 17,500 Chinese
谢谢！