James Pfeiffer

Albertina Sesay

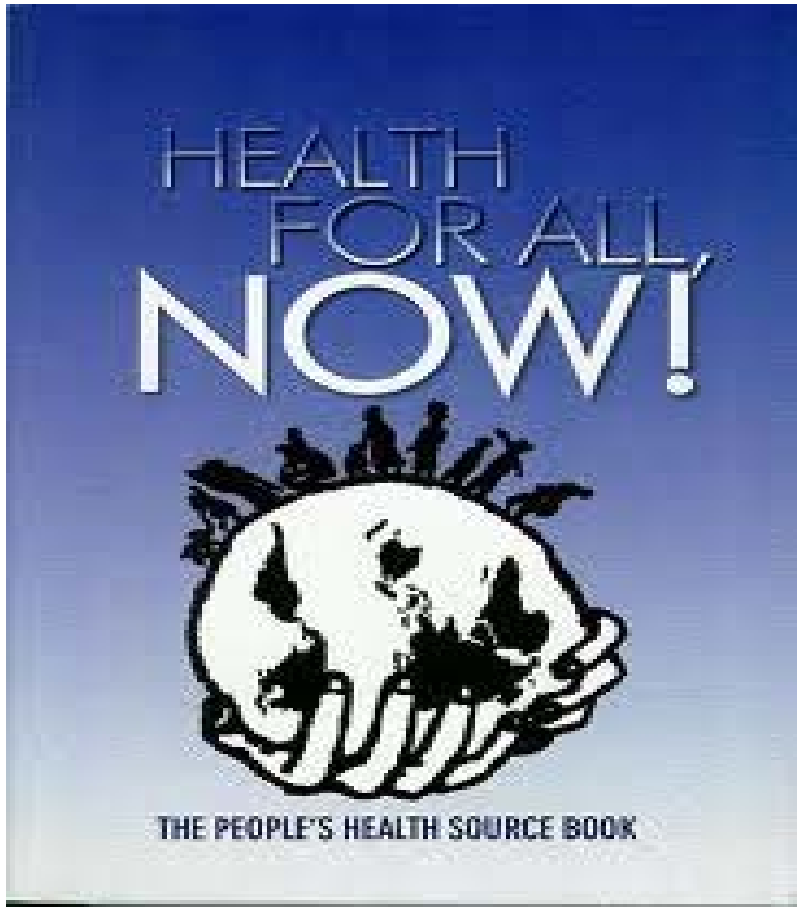
Emily Turner

Xinyi Zhai, Yue Zhang

What is Primary Health Care?

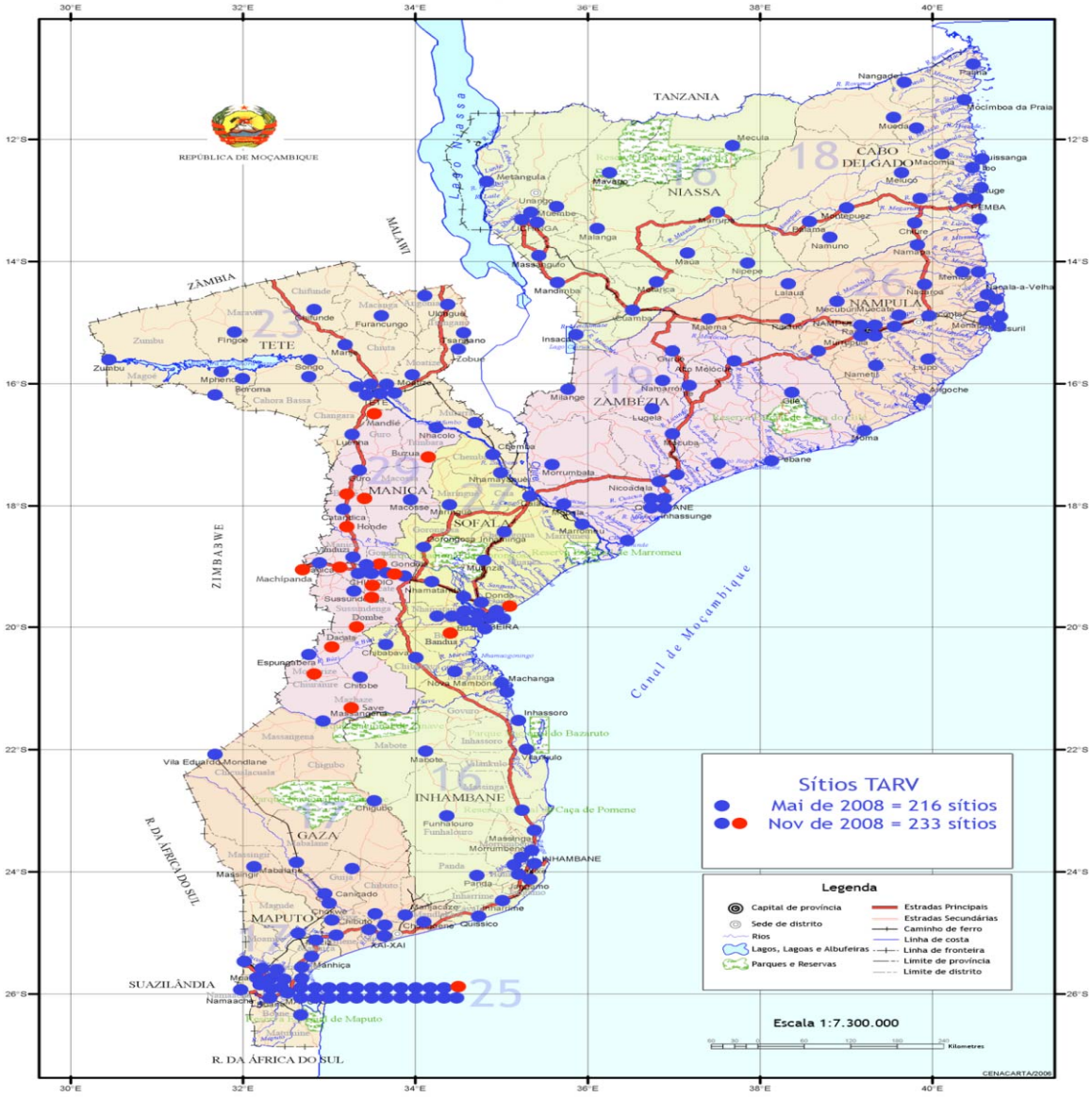
The Declaration of Alma Ata:

- "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


REPÚBLICA DE MOÇAMBIQUE
TANZANIA
MALAWI
ZÂMBIA
ZIMBABWE
SUAZILÂNDIA
R. DA ÁFRICA DO SUL
Lago Niassa
Canal de Moçambique
CABO DELGADO
NIASSA
NAMPULA
TETE
ZAMBÉZIA
MANICA
SOFALA
INHAMBANE
GAZA
MAPUTO
Sítios TARV
Mai de 2008 = 216 sítios
Nov de 2008 = 233 sítios
Legenda
Capital de província
Sede de distrito
Rios
Lagos, Lagoas e Albufeiras
Parques e Reservas
Estradas Principais
Estradas Secundárias
Caminho de ferro
Linha de costa
Linha de fronteira
Limite de província
Limite de distrito
Escala 1:7.300.000
Kilometres
CENACARTA/2006

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……

HOSPITAL
PRIVADO de Maputo

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

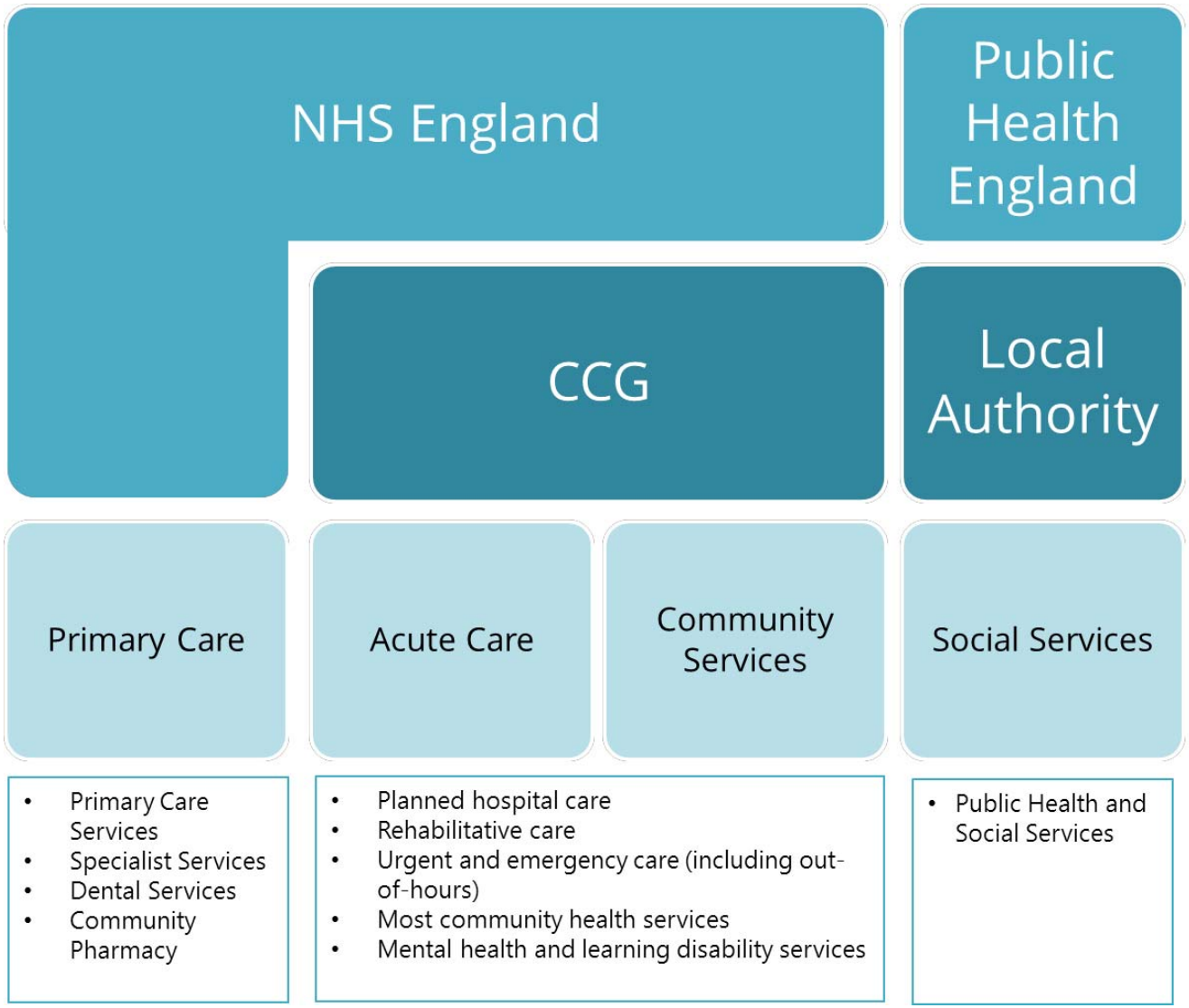
ACCESSING HEALTH CARE

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



http://outcomesbasedhealthcare.com/Contracting_for_Outcomes.pdf

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

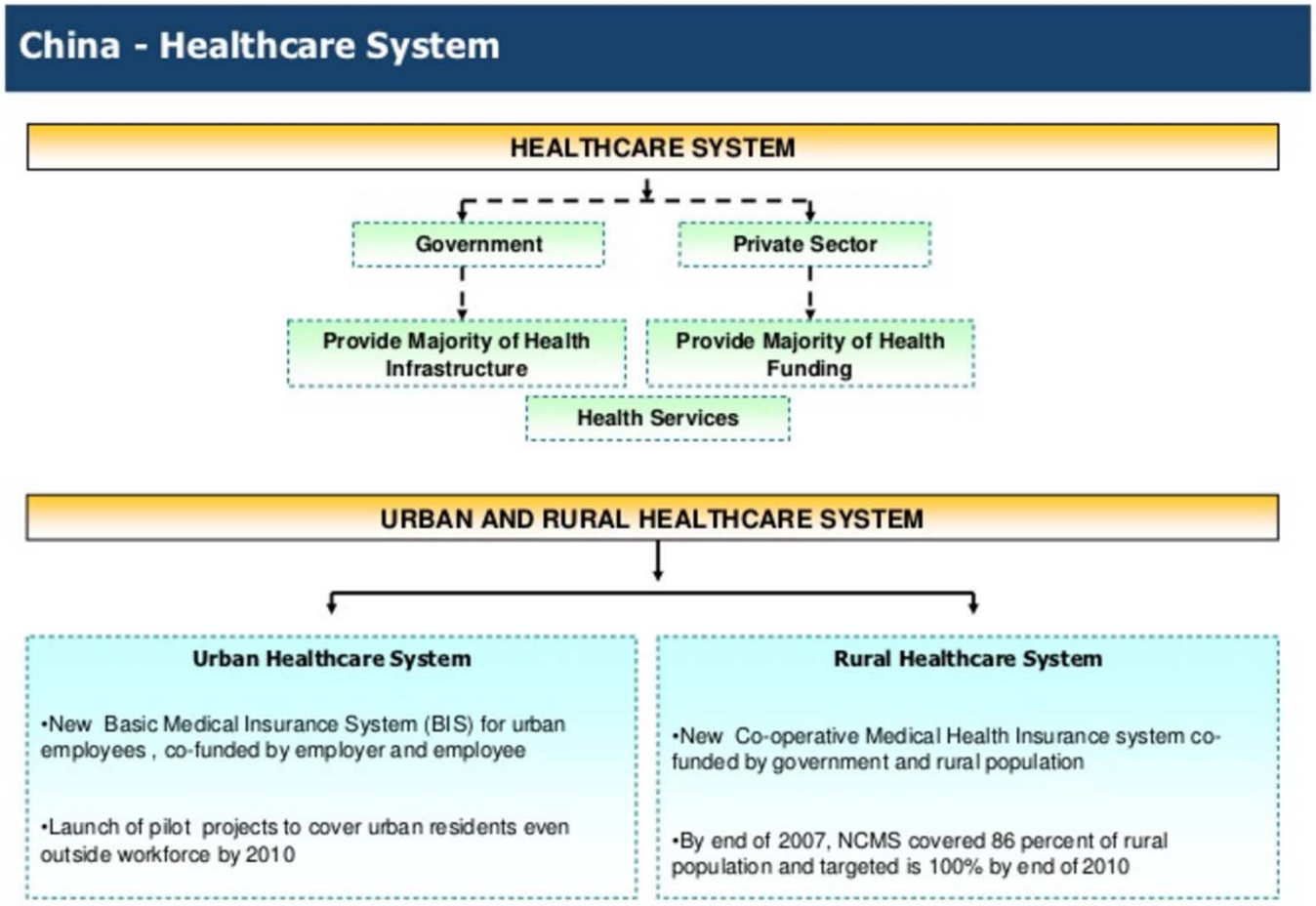
UK Health Indicators

- 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



Source:Frost & Sullivan's analyst briefing on the Chinese healthcare market,2008

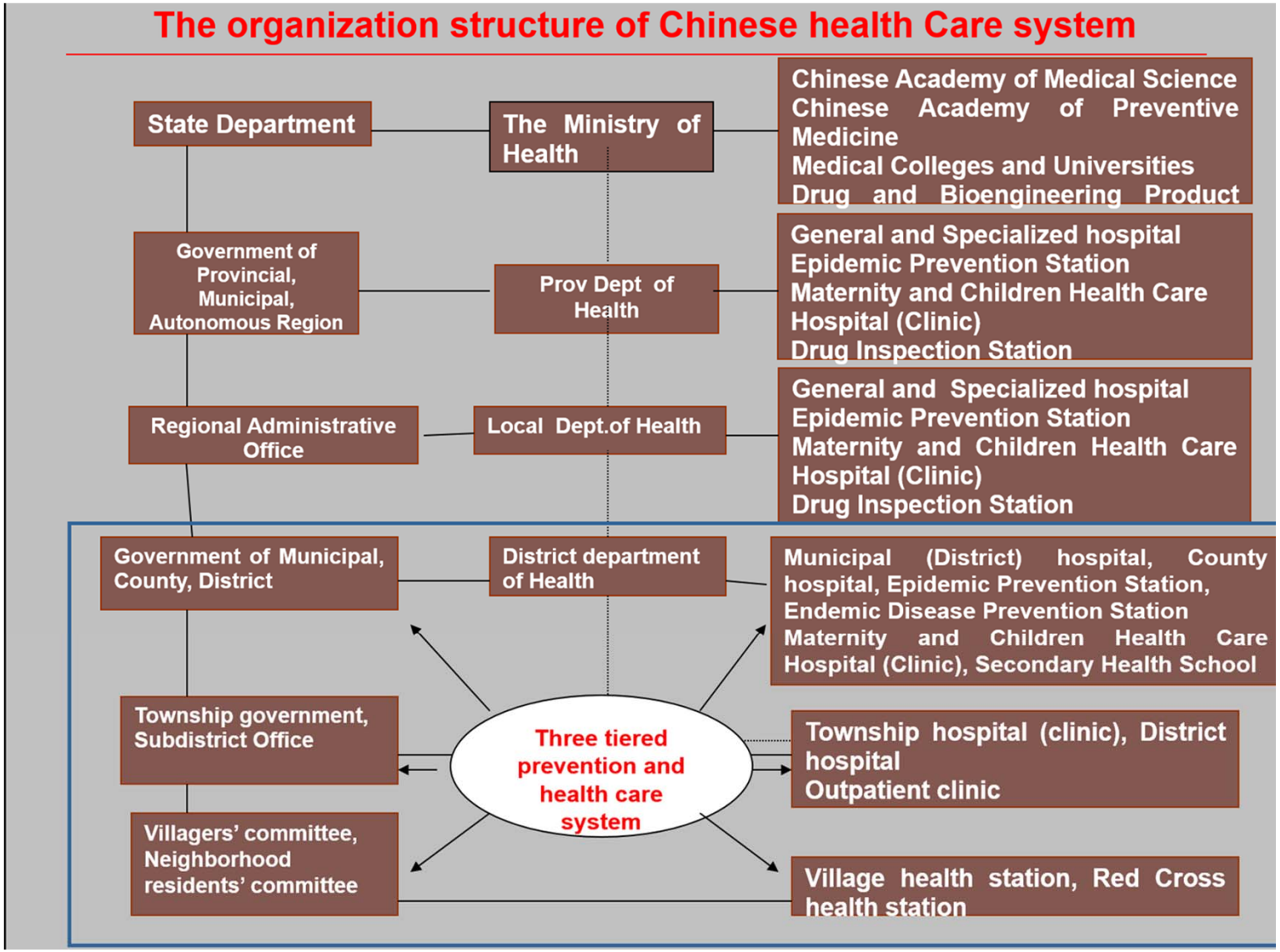
Four Driving Factors

-GDP

-Urbanization

-Demographic Shift

-Lifestyle Shift



Number of health agencies
330 thousand

Number of health workers
5.568 million

Number of school
45

Hospital Utilization

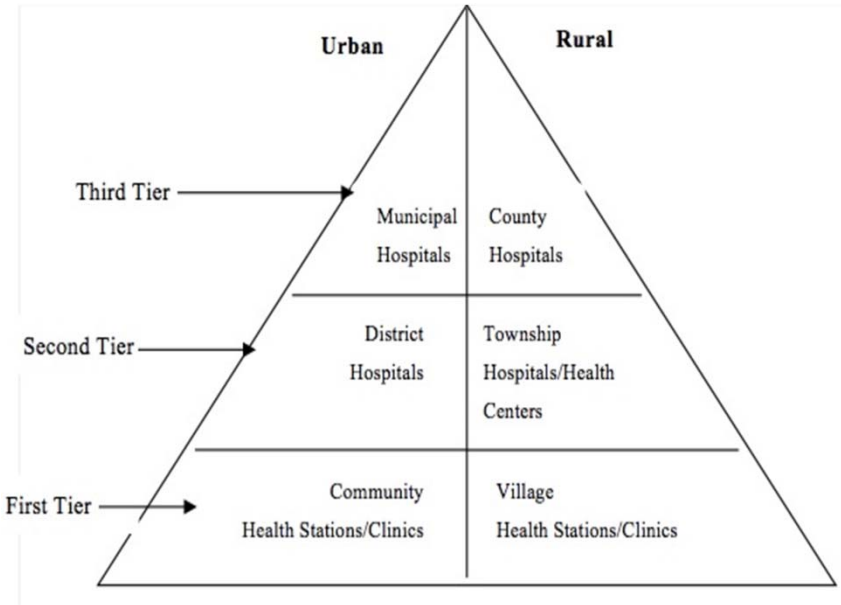
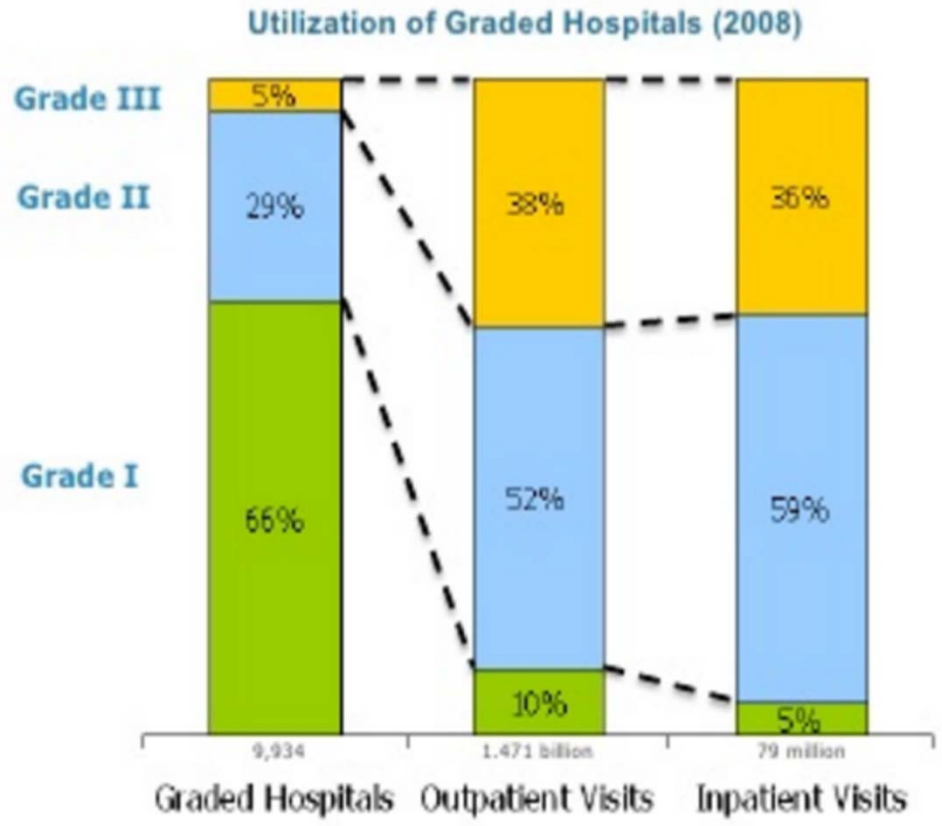


Figure: China's Three-Tiered Health Care System Pyramid

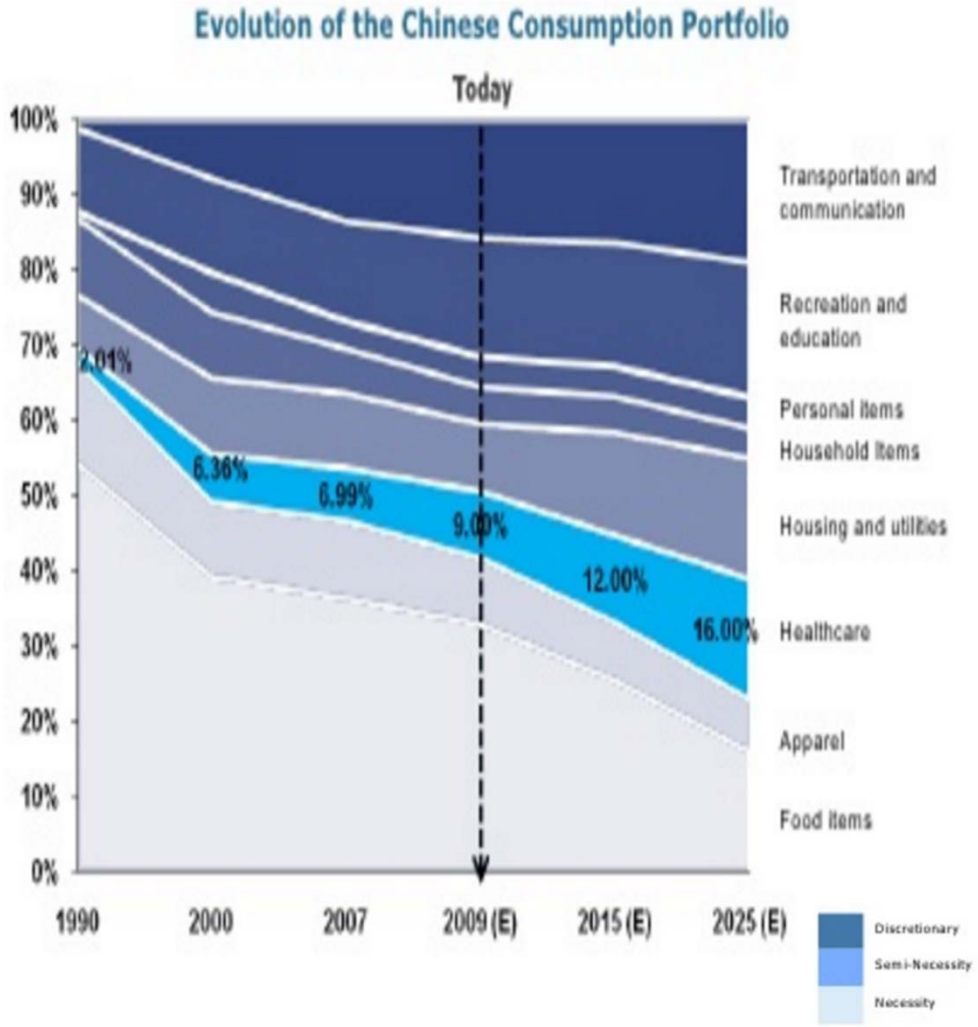


Source:Technomic Asia

China's health care system: a snapshot

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

Healthcare Financing



In 2014
Total health expenditure 353.24 billion RMB(52.1 billion USD)
The budgetary health expenditure by Gov.(%) 29.96%
Health expenditure by society （%） 38.05%
Health expenditure by individual （%） 31.99%
The total health expenditure by per capita 2 581.66 RMB （420.27 USD)
The percentage to GDP by health expenditure(%) 5.55%

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%), Livercancer(3.9%)
- Top risk factors for disease: Alcohol, Tobaco

咨询台

挂号 划价 收费

药

马房湾乡村医院
云南网
WWW.YUNNAN.CN

北京安贞医院
BEIJING ANZHEN HOSPITAL

A Visit to Doctor in China

Medical costs for Chinese patients

	1998	2004
Average total income per hospital, m yuan	26	43
and from medicine sales	*12*	*18*
Total medical expenses per outpatient, yuan	69	114
of which average medicine costs per outpatient	*43*	*62*
Total medical expenses per inpatient, yuan	2,597	4,219
of which average medicine costs per inpatient	*1,279*	*1,872*

Source: Ministry of Health

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

谢谢！

RUSSIA
KAZAKHSTAN
MONGOLIA
CHINA
AFGHANISTAN
PAKISTAN
INDIA
VIETNAM
PACIFIC OCEAN
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