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# The Drive for Universal Health Coverage: Health Care Delivery Science and the Right to High-Value Health Care

Monday, December 9, 2013

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We're also welcoming contributions from participants who would like to provide articles for our website. If interested, please submit your articles to Louise Hallman or Oscar Tollast (maximum 500 words).



(From left to right) Marilou Bradley, Albert Mulley, Leonardo Cubillos-Turriago, and John Lotherington

## Session on health care delivery gets underway Participants set to consider drive for universal health coverage

By: Oscar Tollast

"You're going to have to take risks if you want to build something new that lasts," said Dr Albert Mulley, director at The Dartmouth Center for Health Care Delivery Science.

Dr Mulley was speaking to an audience invited to Salzburg Global on Sunday to participate in the session, 'The Drive for Universal Health Coverage: Health Care Delivery Science and the Right to High-Value Health Care'.

The five-day session has been jointly organized by Salzburg Global, The Dartmouth Center and the World Bank Institute.

Participants will look at how we define and measure value in health care, how rights based approaches may work in differing income settings, and what we can learn from methods used in resource-constrained settings.

Dr Mulley was joined on the platform in Parker Hall by Dr Leonardo Cubillos, senior health specialist at the World Bank, and John Lotherington, program director

at Salzburg Global.

Dr Cubillos said that he believed in the "transformative power of knowledge" and that health care should be based on AAAQ\*.

AAAQ is acceptable, accessible and affordable, available and appropriate, and good quality.

Lotherington said that the challenges facing health care were major, but the Seminar was a "unique space to come and think" of new ideas.

He explained the fiscal pressures, and the epidemiological and demographic changes demanded a discussion on high-value health care.

Prior to this, the session had started with a warm welcome from Clare Shine, Vice-President and Chief Program Officer at Salzburg Global.

Shine revealed health was at the cornerstone of Salzburg Global's sustainability cluster.

She added that participants could expect "hard, tough, engaging, interactive working sessions" that have the potential to shape the future agenda.

Participants heard a number of arguments from speakers, including

the notion that in most developing countries, one of the biggest sources of waste is supply-sensitive care.

It was soon after this that participants then discussed within smaller groups the issues they wished to see covered in the week ahead.

Whilst some participants asked how we could facilitate the change from low-value care to high-value care, others wished to know how citizens could be empowered to participate in the debate.

In order for citizens to feel empowered, it was argued that they would need to be "health literate" to begin with.

Sessions that take place over the next couple of days will set the agenda for the rest of the week.

Lotherington revealed that he hoped this week's discussions would lead to the formulation of a Salzburg Statement,

The first country/regional team meetings will take place later today to define the key questions that need to be answered in order for us to move forward and will inspire new change strategies and action plans.



PANTHER: A practical framework for a rights-based approach to health systems, adapted by the World Bank Institute. Properly implemented, PANTHER paves way for AAAQ, which is the true goal of universal health coverage.

**P - Participation**  
**A - Accountability**  
**N - Non Discrimination**  
**T - Transparency**  
**H - Human Dignity**  
**E - Empowerment**  
**R - Rule of Law**

**What is AAAQ?**  
**Acceptable, Accessible and affordable,**  
**Available and appropriate, and good Quality**

Stay tuned... WBI Health Systems Group. Visit us @ [www.SaluDerecho.net](http://www.SaluDerecho.net)

\*Framework initially developed by the UN Food and Agricultural Organisation

## ***From the Floor*** **Fellows share** **their views on the** **day's Hot Topics**

“During the week, I am hoping that the country delegations that are participating in the event will really be pro-active in trying to identify innovative solutions to the problems and challenges that they're facing in their respective countries around universal health coverage.”

**Marilou Bradley**

*World Bank Institute, Philippines*

“The issues that I'm looking forward to talking about this week include learning more about the issues that are going on in other countries, what other countries are facing and the solutions that they've been able to identify.

[We'll] hopefully meld all of the pieces of the puzzle together, utilize a team-based approach and come up with a unified statement that will help us to move forward and really solve some problems.”

**Krista Capehart**

*West Virginia University, USA*

“I'm interested in how

developments in technology play into the kinds of relationships and our ability to make health care available to everyone.

[I'm also interested in] how we're going to harness the power of private industry to make sure that happens in poor countries as well as in wealthy countries.”

**Robert Drake**

*Dartmouth Psychiatric Research Center, USA*

“People need to be very confident that if they feel ill, there's a health system that will provide care for them. At the moment, if they haven't got any insurance whatsoever, they worry about falling ill.

One of the issues is that they may not trust their insurance system, so they need to be very sure it's a fair, transparent, accountable system they're going to enter if they fall ill as well.”

**Glyn Elwyn**

*The Dartmouth Center for Health Care Delivery Science, United Kingdom*

“The first thing is to give mechanisms to policymakers and service delivery officers in care.

In other words, when we have limited resources, what criteria do we use?

What type of evidence do we use to decide what prioritizes one over the

other? We need to have that one. It's very key.”

**Emmanuel Higenyi**

*Joint Medical Store, Uganda*

“I'm looking forward to working with the country teams to design the country action plans and to think about the next steps they need to implement.

I work with the Uganda country team, and we've made a lot of progress in the past few years.

It will be great to have an action plan that incorporates a lot of the principles from this week's session so that they can start moving quickly on the ground.”

**Julie Mensah**

*World Bank Institute's Health Systems Practice, Ghana*

“I'd like them to expand upon what universal health coverage really means. I thought I had a good understanding of it, but it appears as though I still need a better understanding of it.

I'd like them to expand upon what was discussed at the 2010 Salzburg Global Seminar where they talked about shared decision-making.

I don't think we've really come to a consensus about that and I'd really like to see how that impacts universal health coverage.”

**Carolee Polek**

*University of Delaware, USA*