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

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Learning from other countries' mistakes in health care Health care in India, Kosovo, Peru and the U.S. looked at

By: Emily Fletcher

The third day of the 507th Salzburg Global Seminar included sessions that addressed how to apply a rights-based approach and citizen engagement in different contexts, what low-income countries can learn from other countries' mistakes, and how reverse innovation can drive health care value up and costs down.

In yesterday's session, focused on learning from problems in different countries' health care systems, Dr. Bob Drake of the Dartmouth Psychiatric Research Center described his experiences developing community-based mental health care programs in the United States.

He encouraged participants to build mental health care programs that focus on vocational training and strengthening natural support systems.

Dr. Drake cautioned against building mental health care systems reliant on institutionalization, polypharmacy, and isolation of mental health care services from primary care—all pitfalls of the

American system. Most patients, he said, are interested in functional recovery and community integration, not the complete annihilation of their symptoms.

In the same session, both Dr. Vanessa Herrera of Peru and Minister of Health of Kosovo Dr. Ferid Agani said they see high rates of post-traumatic stress disorder in their populations. In 1999, after the Kosovo War, 25 percent of the population over 15 suffered from PTSD, and the country's mental health care system was in shambles.

Working with the World Health Organization, the Kosovo government developed a plan for mental health care that centered on seven community-based mental health care centers.

Dr. Agani said that traditional healers can also serve as an entry point to mental health care and should be integrated into systems as capacity is built.

In the afternoon, Dartmouth's Chris Trimble moderated a panel of five Indian medical entrepreneurs, who explained how standardization, task shifting and capacity innovation

have helped them reduce costs for procedures such as cataract surgery and dialysis by as much as 90-95 percent.

In Dr. Srinivasan Aravind's eye care centers, a cadre of midlevel ophthalmological personnel—trained in a program developed by the Aravind Eye Care System—allows doctors to perform a much greater number of surgeries than otherwise would be possible.

"Health care is about process, protocol and price," Dr. Devi Shetty said via video link.

In India, the primary health care system is hampered by a lack of general practitioners, an out-of-pocket payment system, and a lack of integration of vertical programs, Dr. Niti Pall explained.

The panelists urged budding entrepreneurs to seek out new opportunities, persevere in the face of setbacks, and focus on working well with a team to realize health care innovations.

Today, the teams will draft change strategies and action plans to further refine how they hope to address specified issues.



An interview with.... Emmanuel Higenyi

“Different countries are in different stages of transformation”

By: Oscar Tollast

The head of capacity building at the Joint Medical Store in Uganda has suggested an increased level of accountability is required in the bid for universal health coverage.

Emmanuel Higenyi spoke to Salzburg Global whilst attending the session, ‘The Drive for Universal Health Coverage: Health Care Delivery Science and the Right to High-Value Health Care’.

Higenyi said: “We need to raise the responsibility level of governments when protecting health for individuals.

“Mechanisms should be put in place where governments should actively and continuously be reporting on the health statistics in their countries, including inequalities and disparities.”

In his position, Higenyi acts as a study coordinator, reviewer, and principle investigator. He has designed a number of training programs helping health workers to manage logistics, medicines and their supply chain.

Higenyi has recently corresponded as an author for the publication, ‘Translating Pharmacy Research into Evidence-Based Practice-Corresponding’.

Describing the purpose of the report,

Higenyi said: “It was informed by the fact that there is a lot of research that has been carried out, but most of this research has never been actually taken close to anything like policy or practice.”

He argued this type of research was important in informing new innovations. To be able to engage with this data further, Higenyi said this could only be achieved through translational research.

“What we are saying is you involve the consumers of the findings from the beginning.

“During the identification of the research area, the design of the research, the conduct of the research, the validation of the findings, and the dissemination of findings, they should be involved in the whole continuum of these activities.”

Higenyi said once these findings were published, it is only then that they can be absorbed and accepted.

He believes translational research is particularly relevant when looking at the need for universal health coverage.

“One of the important things that is needed for universal health care coverage and a rights-based approach is that you need evidence of what has worked.

“You need evidence that what

has worked elsewhere can work in another setting.”

Higenyi believes once the right working partners are identified, the process of translating findings into policy practice could be accelerated.

“What happens when you use the translation mode [is that] you have tried to identify who are the key stakeholders. Once you know who they are, then you go for them.”

When discussing participatory involvement in health-related research, a number of groups exist: the policymakers and planners, the service providers, and the patients.

Higenyi said: “When we design studies that are going to have an impact on all of these, we need to include them. We need to have an all-encompassing approach. Patients need to be represented.”

As country and regional groups begin to draft change strategies and action plans, Higenyi revealed to Salzburg Global what he’d like to see achieved by the end of the session.

Higenyi said: “We need to be reaching a consensus point on what should different health systems adopt.

“Different countries are in different stages of transformation, but there are certain fundamental things.”

The Power of Partnerships for Health: Peru, South Africa and Brazil



By: The World Bank Institute

The health community has tried a fresh approach to tackle intractable health problems, such as multi-drug resistant TB.

The story begins in Peru, where the government, with partners like the WHO got some funding to figure out a new approach.

One of the ideas was to involve the community in helping patients with the intensive treatment regimen.

As the plans took off, the government took more ownership of this project and started investing heavily in TB.

Community associations had now expanded across the country and, although TB is still prevalent in Peru, the situation is more hopeful.

The biggest lesson learned was that thorny problems could be tackled by building coalitions of stakeholders and relying on the strong support of the community.

The lessons from Peru were more recently applied to South Africa, where the government was faced with an intractable TB problem in the gold mining industry, a problem that had persisted for almost 100 years.

Working with the South African government and the Stop TB Partnership, the World Bank convened a meeting of global TB experts and affected stakeholders.

According to Vama Jele, General Secretary of the Swaziland Migrant

Mineworkers Association, miners weren't warned of the threat of infection, exposure to dust, and crowded living quarters, which all were contributors to high infection rates.

Jele noted, "There has been a huge improvement on legal frameworks and policies.

"Along with the development partners, we came up with this strategy for TB plan and supported the initiative of harmonizing treatment protocols.

"If a miner suffers from TB he gets repatriated – and most people lose money, and so stop taking treatment and [are] likely to develop multi-drug resistant TB. Some stay home and die.

"Information is an issue and since we've started dialogues with workers, we've seen momentum in those seeking early treatment.

"In addition, there's a labor agreement in the works between Swaziland and South Africa."

One principle he recommends for success: "Follow the PANTHER (Participation, Accountability, Non-discrimination, Transparency, Human dignity, Empowerment and Rule of law)."

Citizen participation in health care is a hallmark of the Brazilian health care experience because citizen participation is institutionalized in health system.

There is a law that defines citizen participation and it has 3 key parts: Integration of hierarchy of

care, decentralization, and citizen participation.

The law in Brazil requires that each city – more than 5,000 municipalities – has to have a Health Council.

Each state has to have a State Council, and at the national level – there is a National Council on Health.

These councils are structured so that half the councils are made up of members of the community, including patients and civil society.

The councils, by law, approve health plans and are responsible for implementing the plan and the budget.

Actually, the law defines as a functioning and well-working Health Council as one that decides transfers of budget from the national level.

Health Councils in Brazil have serious power and can fund decisions made by communities.

According to Monica Vallone Esposito Marchi, Health Coordinator for Minas Gerais, "Despite being a law, it was really a group of people – students, workers, activists who put together the Brazil health movement during our 1986 national conference on health.

"In 1988 our national constitution recognized the right to health for everyone.

"We plan what we want to every four years for health.

"Each state holds a conference and feeds their ideas into the national conference. This gives us the national direction for health."



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

“In my experience with the Kosovo group, I was particularly struck with the enormous opportunity that such a small country has to make a big difference, especially only a few years after a war.

It's quite an opportunity to hear directly from the players who are actually going to be making this all happen.

[I'm looking forward to including in the Salzburg Statement] an understanding that engaging the patient is really, really critical to making all of what we do here work.”

Christopher Calkins

The Dartmouth Center for Healthcare Delivery Science, USA

“We have been subjected to the successful experiences and the challenges met by our colleagues in different countries all over the world.

We have agreed on many topics about the right to health, and about peoples' right for information and the right to have good medical care that can be inflicted on their

lives positively.”

Emad Elazzi

VALUE Institution for Education and Experiential Learning, Egypt

“Looking at the rights-based approach this way means that the patients have to be empowered.

We need to take deliberate steps to create space to create forums and to create opportunities for them to know what their rights are.

[It is also for them] to engage with governments, negotiate and stand on equal ground and see that their interests are embedded in planning and implementation.”

Robinah Kaitiritimba

Uganda National Health Consumers' Organization, Uganda

“We sit together in the health sector, exchange our views and then meet government officials and then give inputs to the policies. So, we participate in planning and implementation.

In Rwanda, we have good participation in the community and we are well engaged.

I'd like the [Salzburg Statement] to emphasize and increase engagement.”

Prince Bosco Kanani

Rwanda NGO's Forum on AIDS an Health Promotion, Rwanda

“We can hear stories from different countries, like Brazil and Peru and we can share the knowledge that we've learned about different systems to apply to and improve our programs.

For me it is very important for me the confidence they show to generate actions in favour of the patient, in favour of the community, in favour of the population to lead to a better health care system.”

Tatiana Vidaurre Rojas

National Institute of Neoplastic Diseases, Peru

“The earlier session was a very interesting session on how Western models have failed to live up to their expectations.

There's a real need for countries to move away from adopting those models and leapfrog into the new delivery model that don't mimic the mistakes that have been made in Western health care.

We've seen some very good examples of innovative approaches that are very cost effective and of high quality. That can fill that gap to a large extent.

The question then is how to get that on board in high income countries, spread those innovations and adapt them where necessary to fill different contexts.”

Anne Winter

Global Social Mobilization SA, UK