

Redefining Global Health Care

Narrowing the Gap Between Aspiration and Action

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Gaps in health financing, human resources, and access to care have fatal consequences for millions in developing countries

- Millions of deaths from preventable & treatable causes
 - 6.3 million preventable childhood deaths
 - ½ million maternal deaths
 - 3 million HIV deaths – less than 1-in-8 on treatment
 - 2 million tuberculosis deaths
 - 1 million malaria deaths - mostly children

→ Over 10 million needless deaths each year
...from conditions for which safe, effective, affordable prevention & treatment exist

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 of global health problems
- 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

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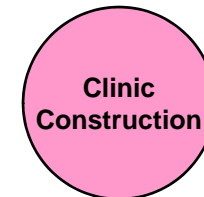
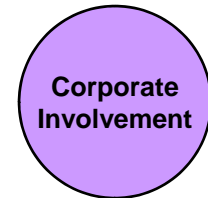
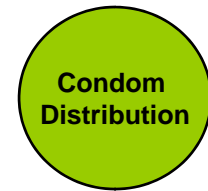
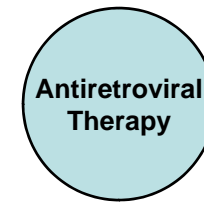
Gates Foundation develops:

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



GLOBAL HEALTH “STRATEGY” TO DATE

- Countries and even districts working in isolation
- Project-based
 - Donor preference driven
 - Experimental pilots that never scale
- Competition among implementers
- Cottage industry approach
- Fragmentation of services
- Ineffective and not results oriented
- Absence of technology and measurement orientation
- Resources diverted for overhead and consultants



- **Clear need for a better approach**

REDEFINING GLOBAL HEALTH CARE

- Access is essential, but **not enough**
- The core issue in health care is the **value of health care delivered**

Value: Patient outcomes per dollar spent



- How to design health care systems that **dramatically improve value**
- Improving value is the means to achieving **social justice**

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

Current Model

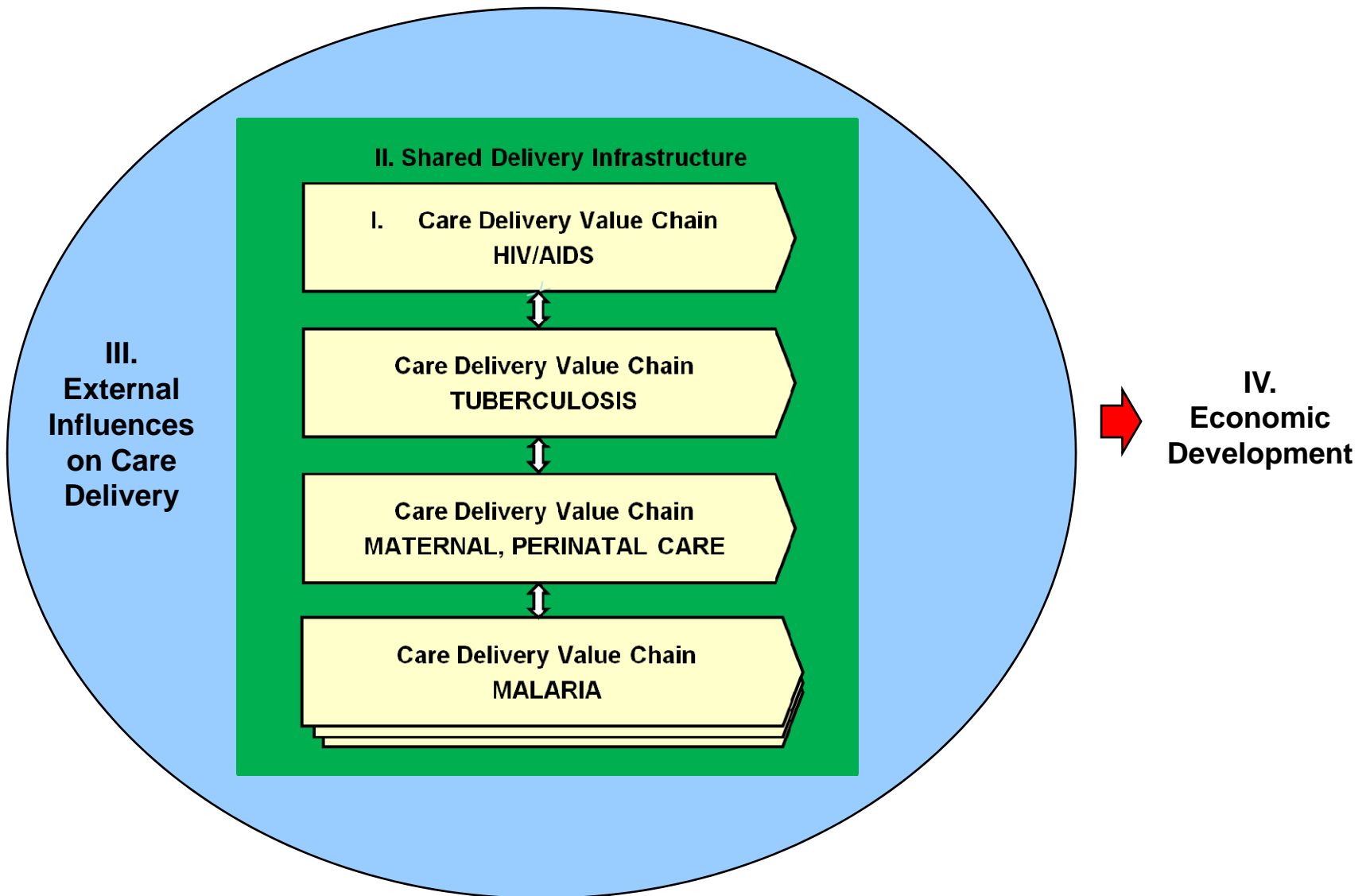
- The product is treatment
- Measure volume of services (# tests, treatments)
- Focus on specialties or types of practitioners
- Discrete interventions
- Individual disease stages
- Fragmentation of programs and entities
- Localized pilots and demonstration projects



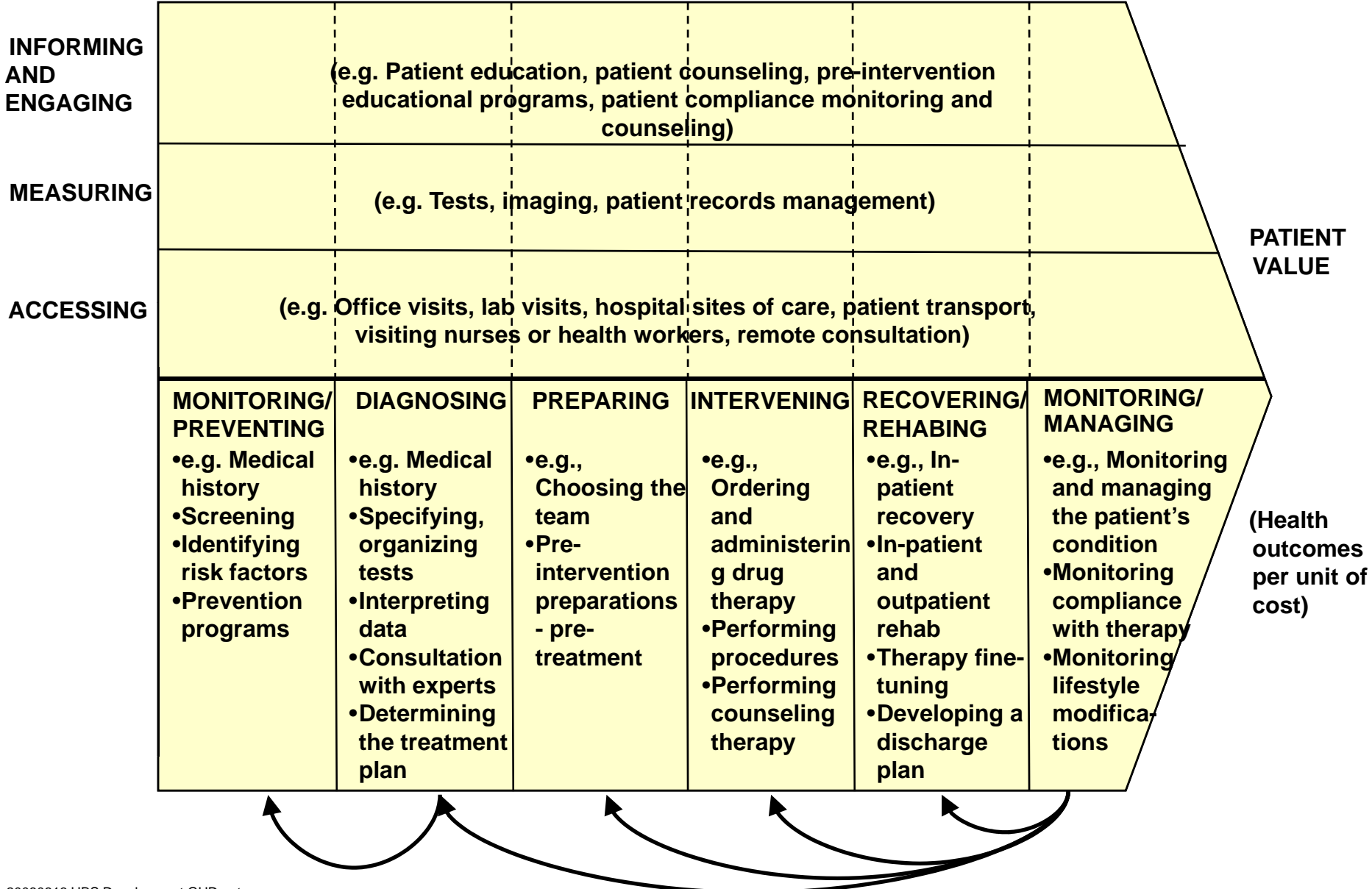
New Model

- The product is **health**
- Measure **value** of services (health outcomes per unit of cost)
- **Coordinated** and **integrated** care delivery
- **Care cycles**
- **Sets** of prevalent co-occurrences
- Care delivery **system**
- A health system integrated **across communities** and **regions**

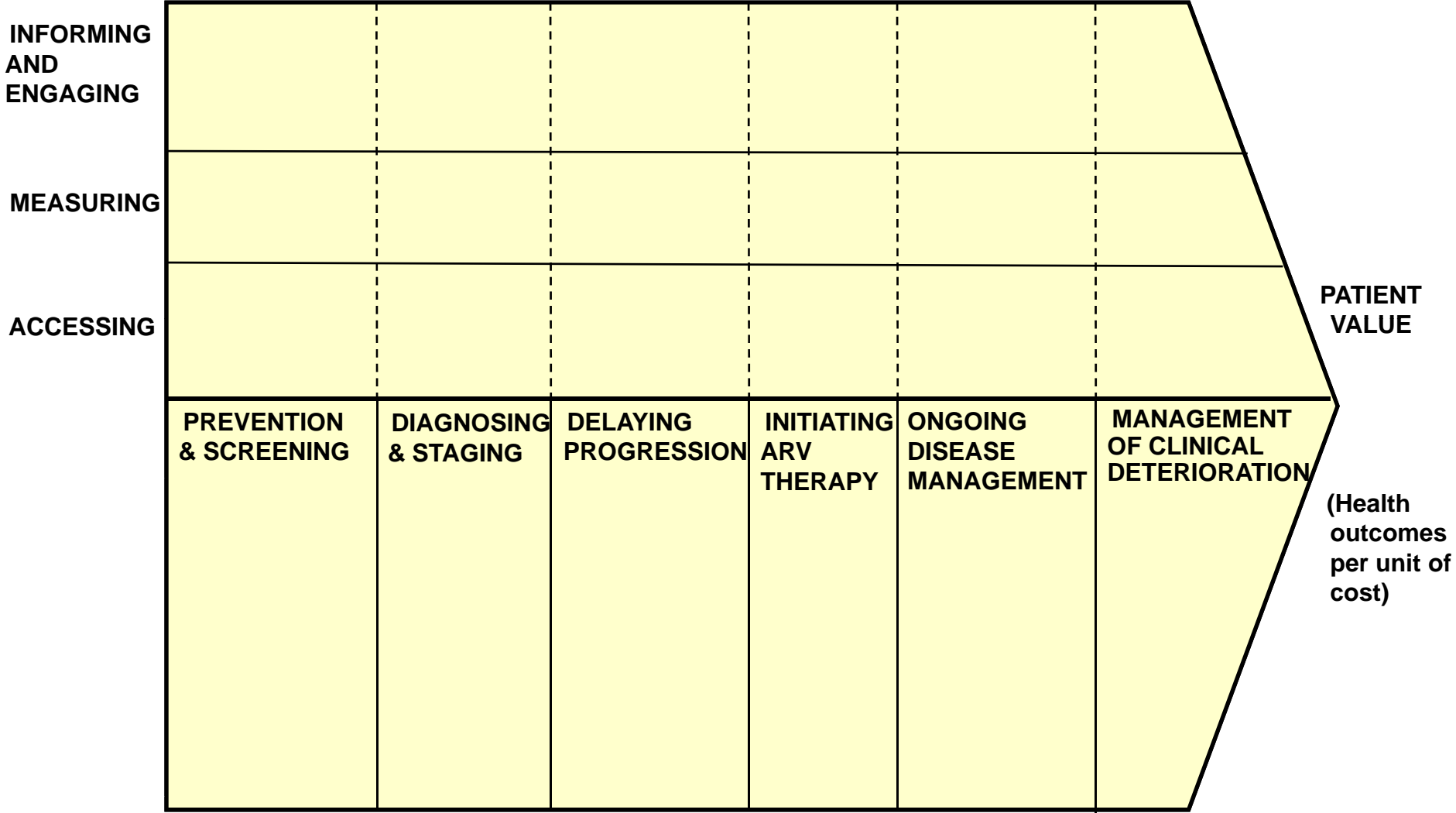
A FRAMEWORK FOR GLOBAL HEALTH DELIVERY



THE CARE DELIVERY VALUE CHAIN



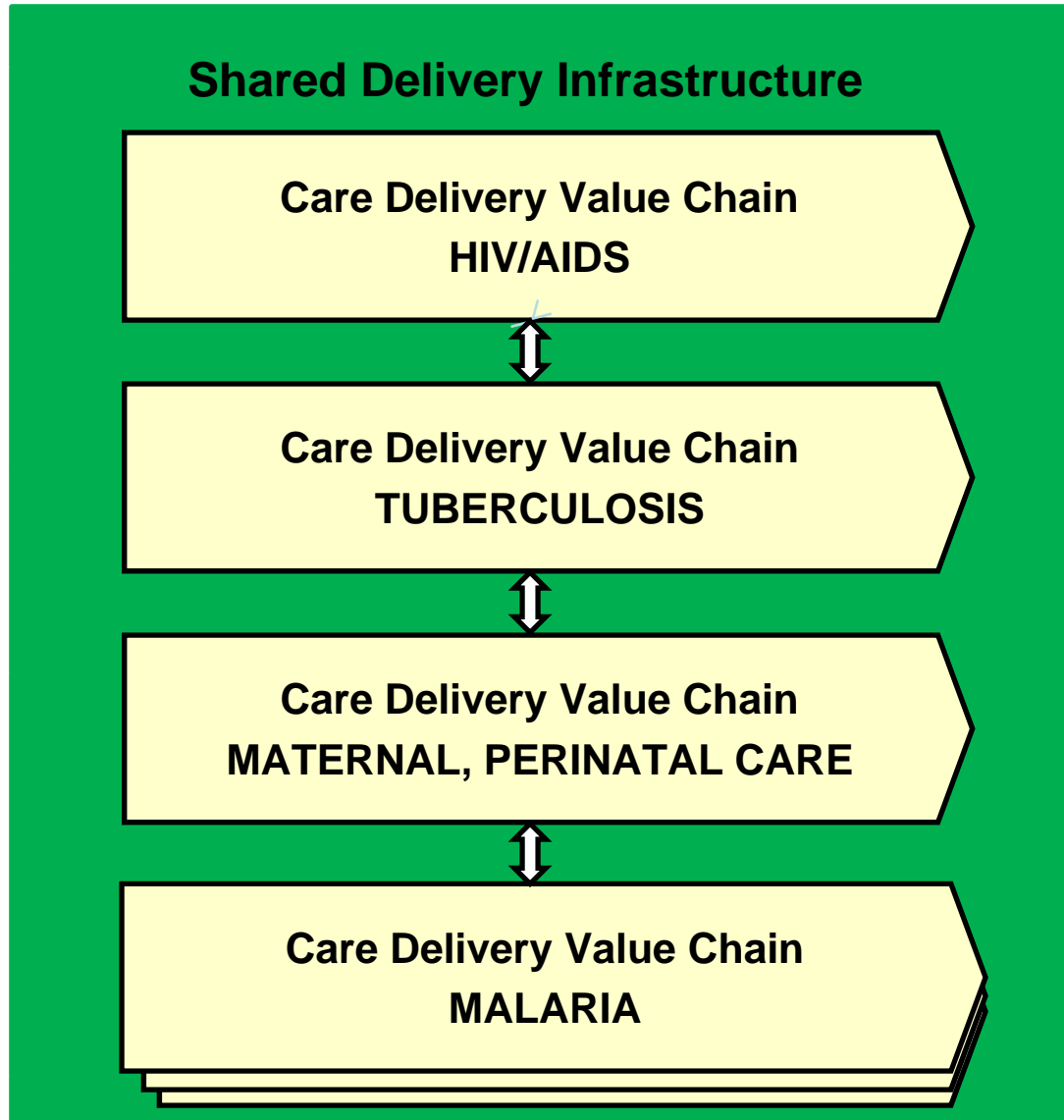
HIV/AIDS CARE DELIVERY VALUE CHAIN: RESOURCE-POOR SETTINGS



IMPLICATIONS FOR HIV/AIDS CARE - I

- **Early diagnosis** helps in forestalling disease progression
- 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

SHARED DELIVERY INFRASTRUCTURE



Clinics Community District Testing Tertiary
Health Health Hospitals Labs Hospitals
Workers

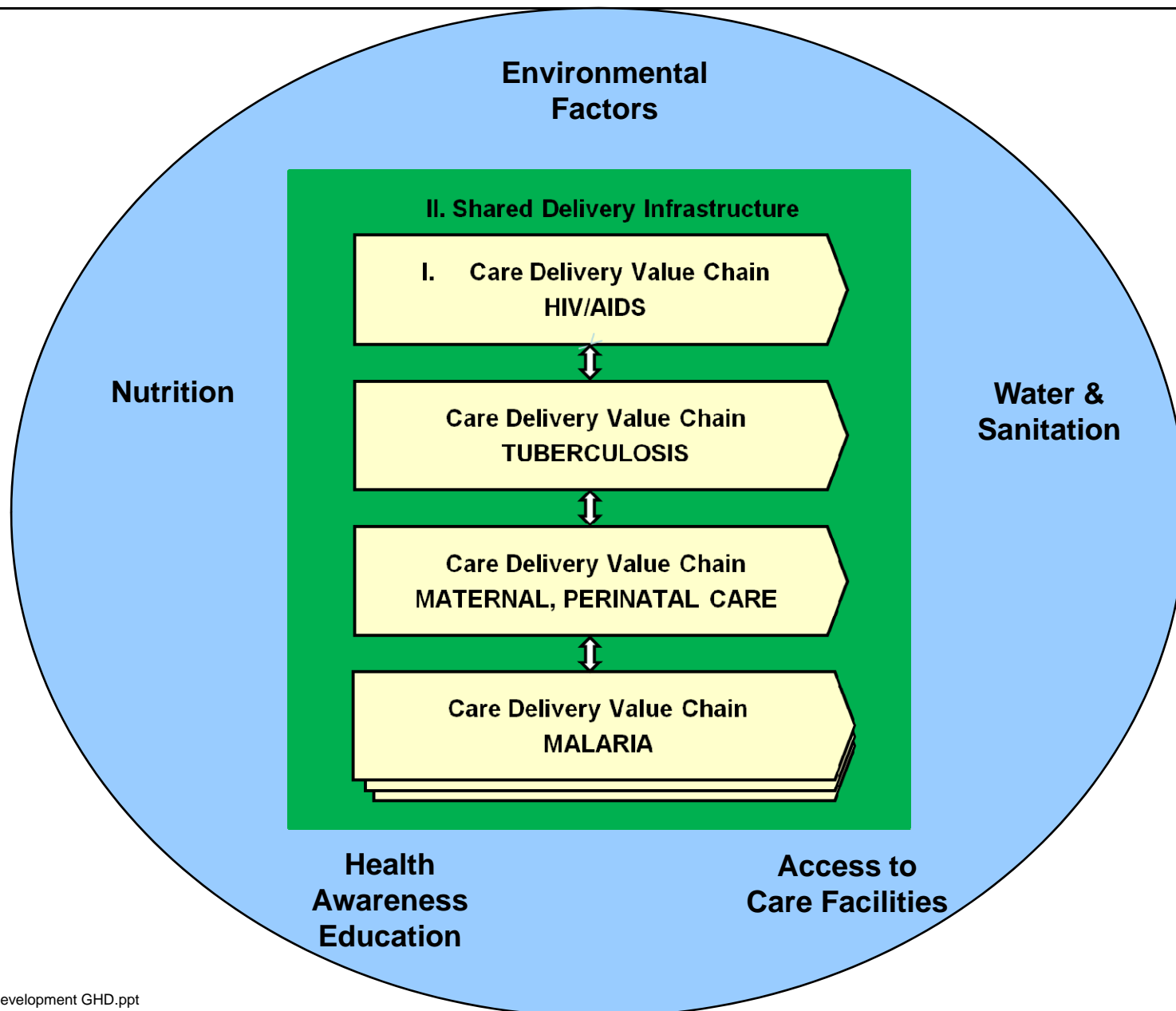
IMPLICATIONS FOR HIV/AIDS CARE - II

- Screening is most effective when **integrated into a primary health care system**
- Improving maternal and child health care services is integral to the HIV/AIDS care cycle by **substantially reducing the incidence of new cases** of HIV
- Community health workers will be more cost effective when they coordinate care **across multiple diseases**

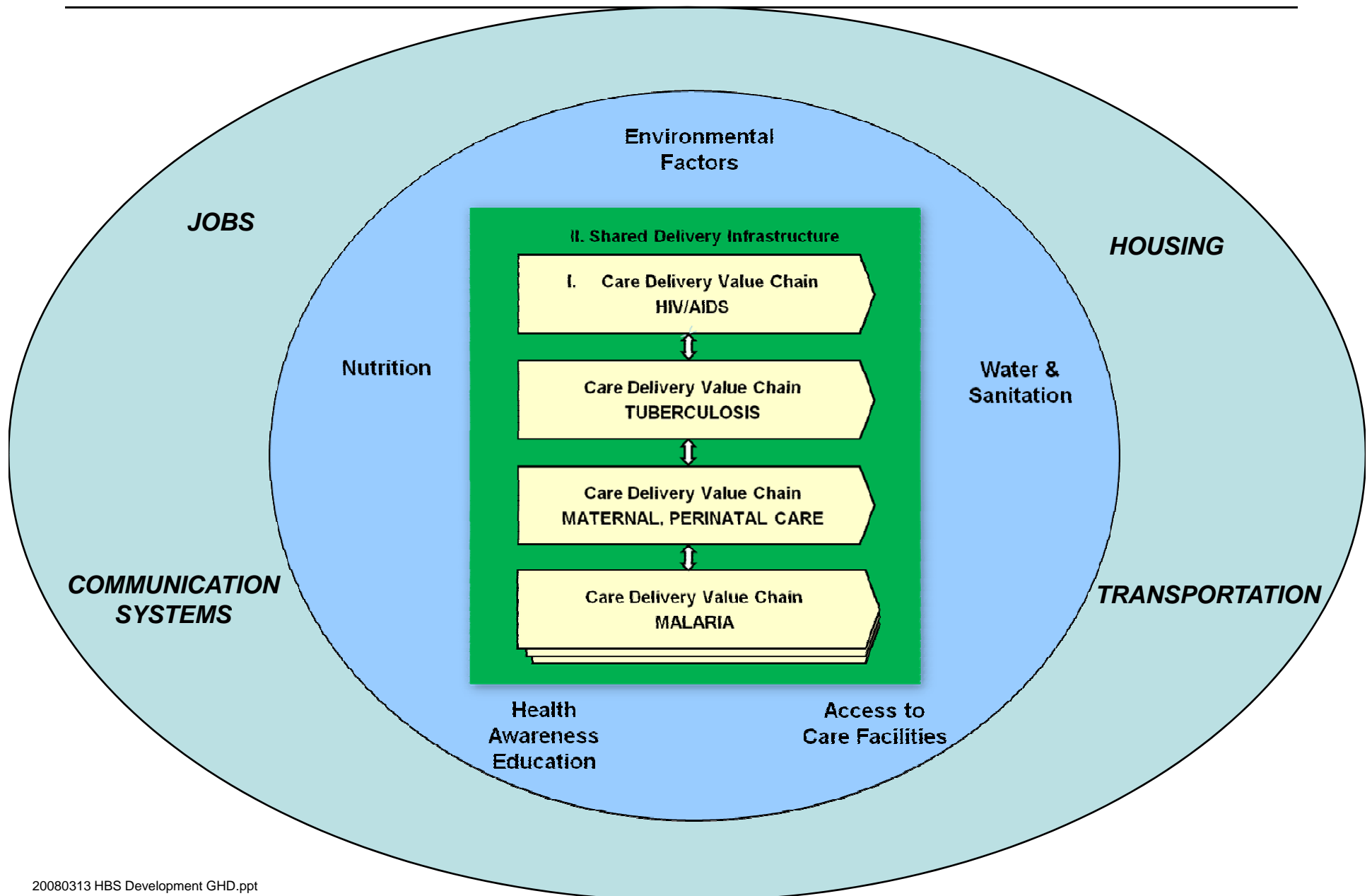


- Coordinated development of **primary and secondary care infrastructure** can improve the value of the HIV/AIDS care cycle while simultaneously improving value in the care of other diseases

INTEGRATING DELIVERY SYSTEM AND CONTEXT: EXTERNAL INFLUENCES ON CARE DELIVERY



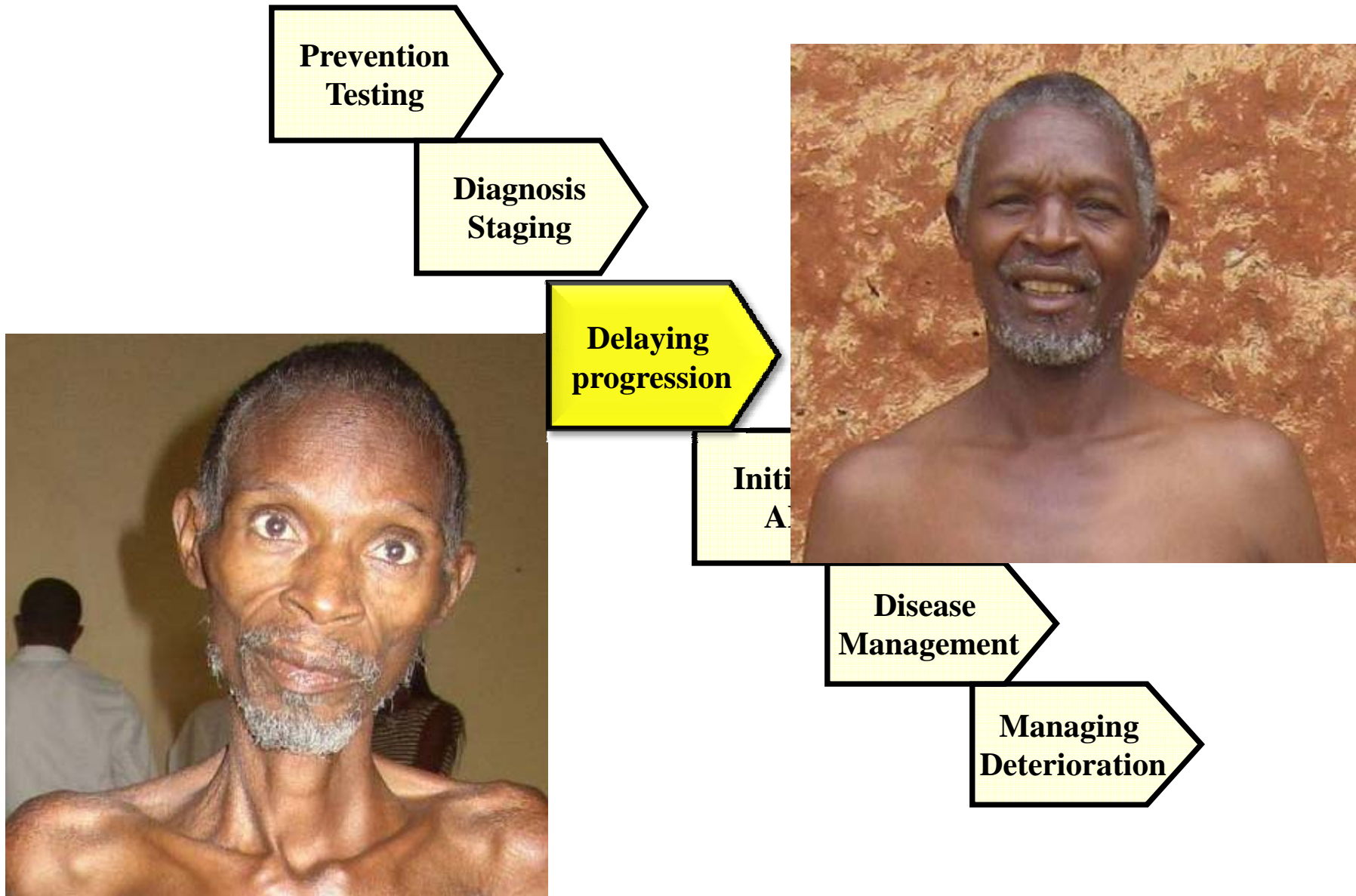
INTEGRATING DELIVERY SYSTEM AND CONTEXT: EXTERNAL INFLUENCES ON CARE DELIVERY



IMPLICATIONS FOR HIV/AIDS CARE - III

- Management of **social** and **economic barriers** is critical to the treatment and prevention of HIV/AIDS
 - Financial barriers to access (e.g. transportation, missed work hours)
 - Unreliable methods of communication
 - Poor nutrition
 - Lack of education
 - Gender inequality
 - Social stigma of disease

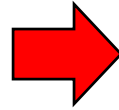
CASE EXAMPLE: RWANDA



THE RELATIONSHIP BETWEEN HEALTH SYSTEMS AND ECONOMIC DEVELOPMENT

Better Health Enables Economic Development

- Ability to work
- Higher productivity



Better Health Systems Foster Economic Development

- Employment (health sector and related jobs)
- Procurement, if sourced locally
- Infrastructure (e.g. cell towers, internet, and electrification)

Before

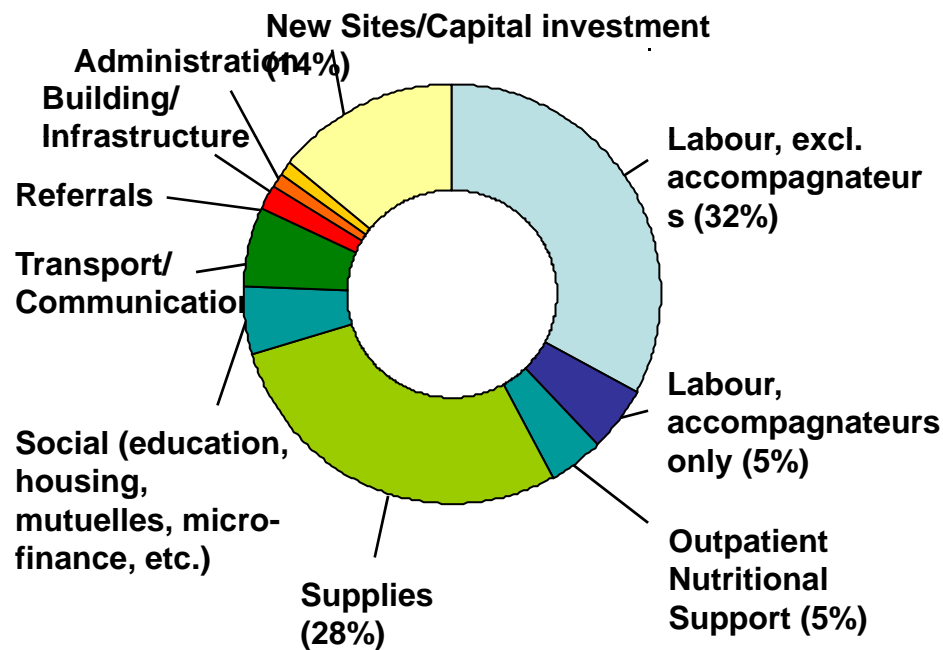


After



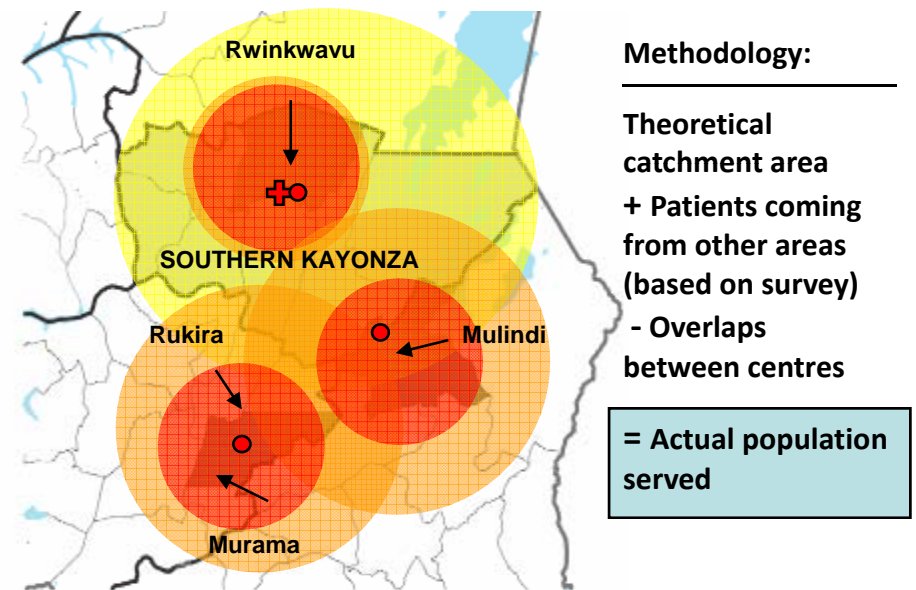
Summary of detailed unit costing, extrapolated to a full district

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



Estimated 'catchment' area of unit

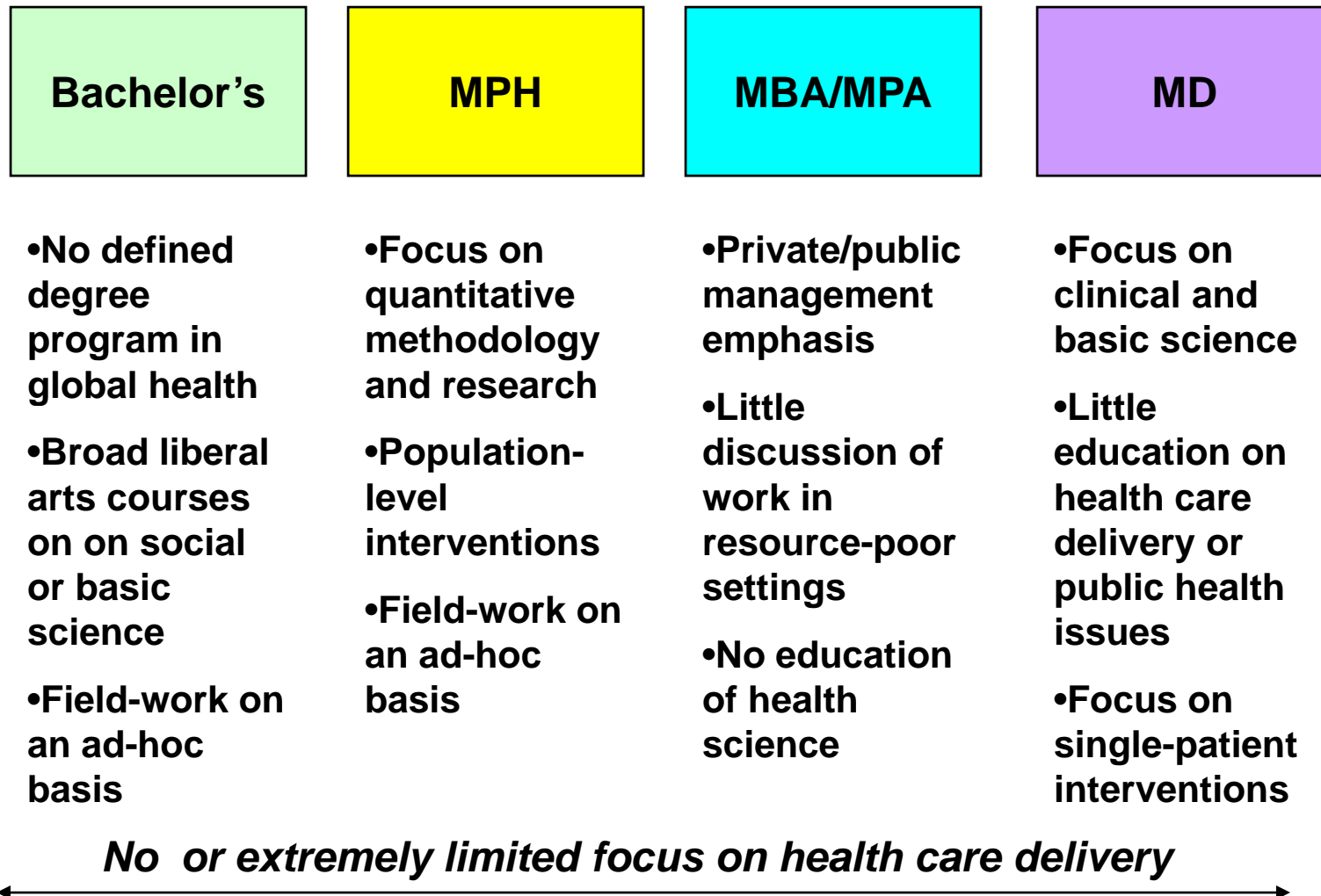
100% = 265,000



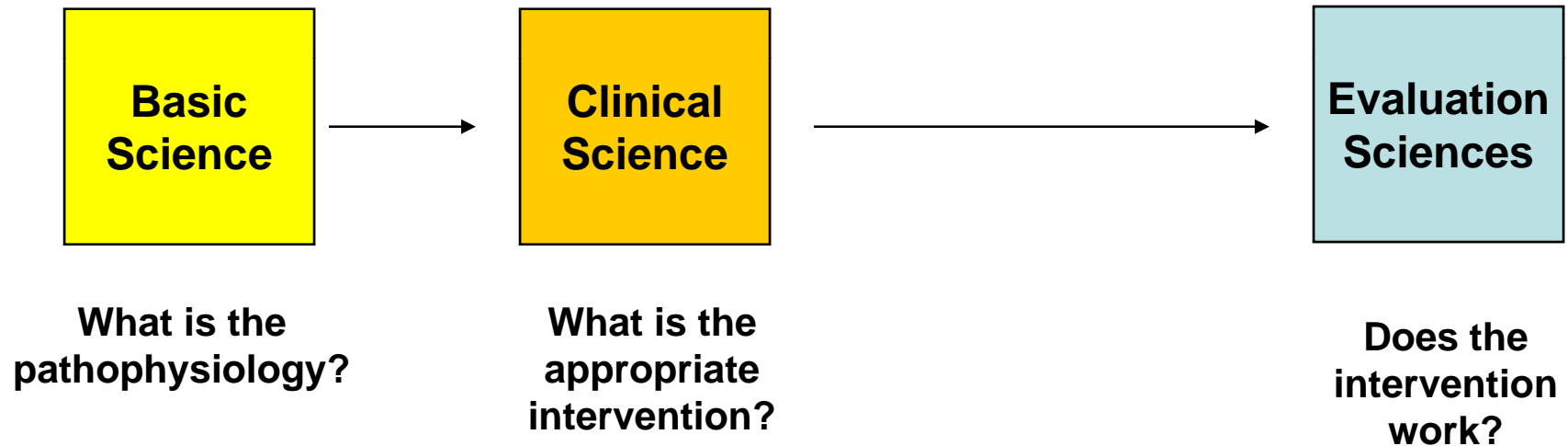
~25 US\$

~7000 US\$/Capita

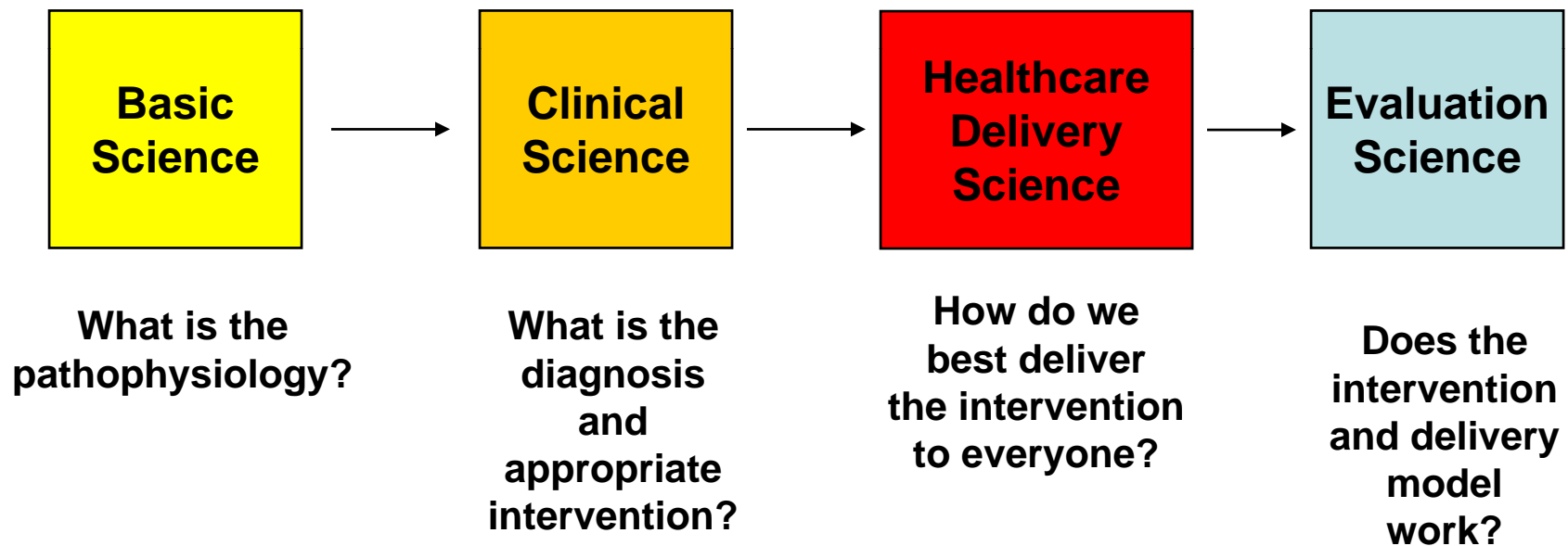
Mismatch in Skills Taught and Skills Needed



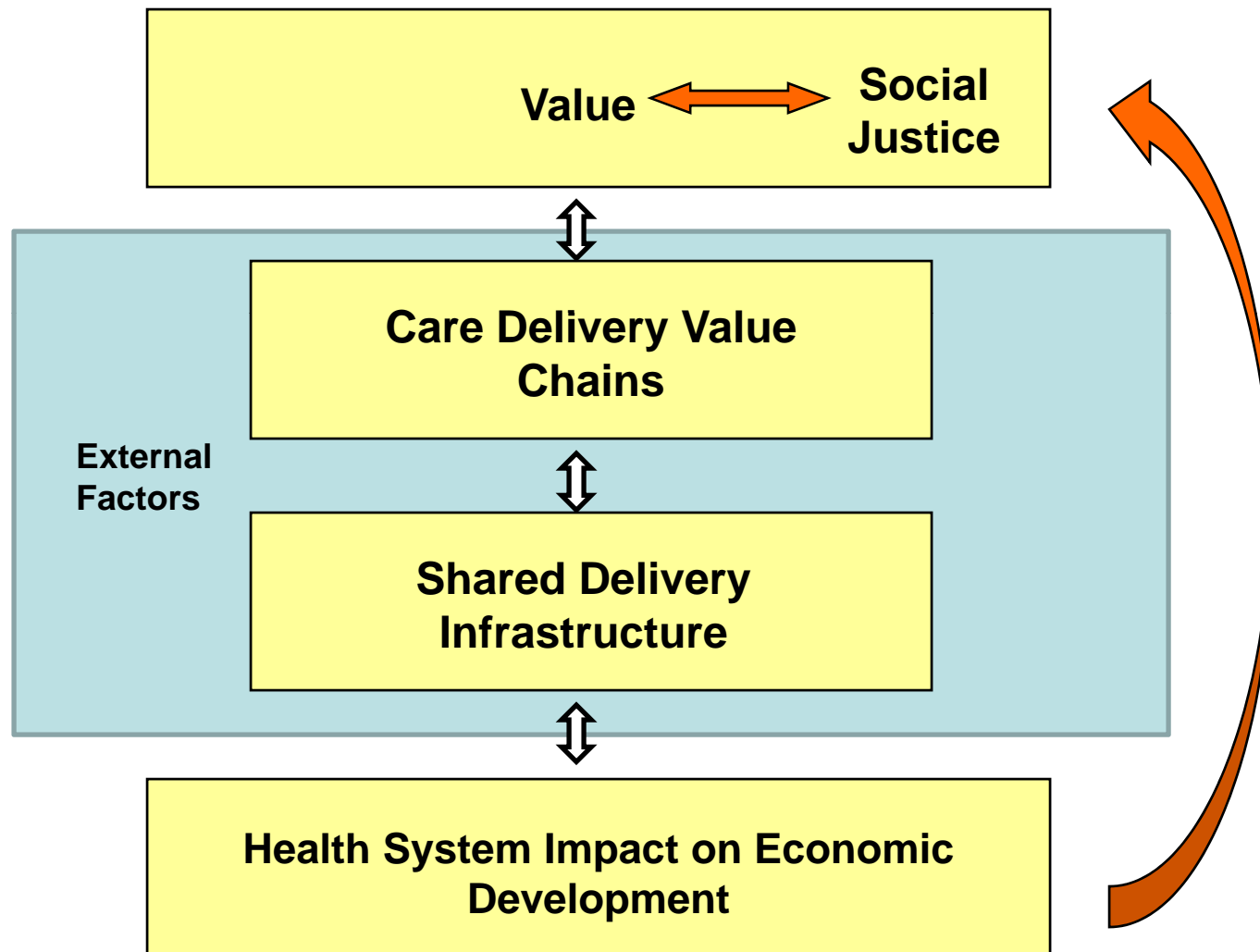
Is there a place for a new field in health research and education?



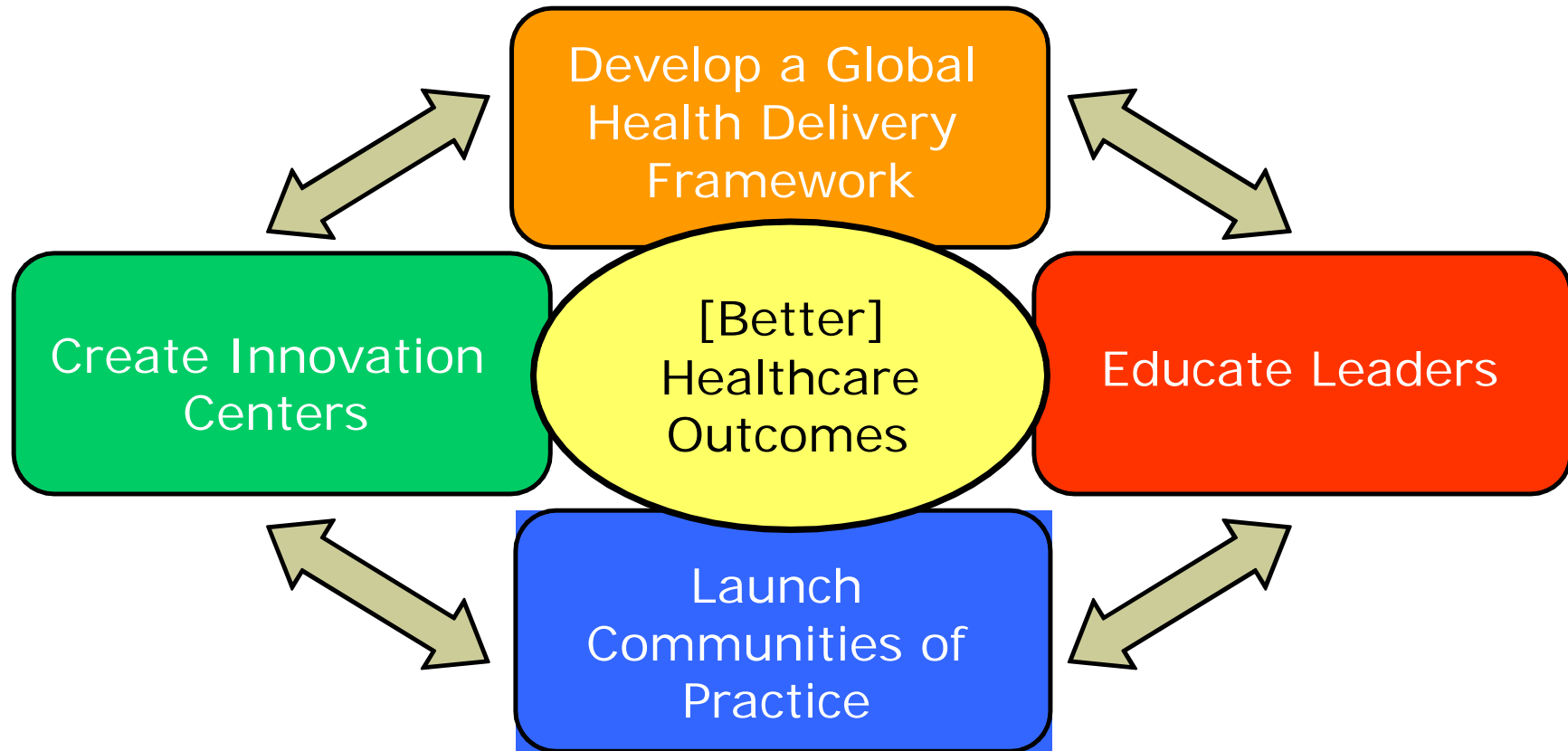
Is there a place for a new field in health research and education?



Vision for Global Health Delivery



AN OPPORTUNITY FOR HARVARD TO LEAD



Communities of Practice: Progress to Date

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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PIH Model

- Clinical Guidelines
- Community Health Workers
- Social and Economic Rights
- Procurement
- Project Management
- Training
- Medical Informatics
- Information Resources
- Questions

WWW.PIH.ORG

- PIH home website

Recent comments

- NRTI vs NRTI in Table 3.2 6 weeks 4 days ago
- NRTI vs NRTI in Table 3.2 6 weeks 4 days ago

Forums

- HIV Manual Discussion

Linea

- create content
- my account
- administer
- log out

Who's online
There is currently 1 user and 1 guest online.

Online users

Done

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.

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. The overall tone is warm and positive.

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**

