FUNDAMENTALS OF GLOBAL HEALTH:

The Global Health “System”
The Actors
The Interventions

DUKE GLOBAL HEALTH INSTITUTE

14 September 2015
Last Week in Review

- Determinants of Health
- Ecology of Health
- Environment & Malnutrition
- Information & Data Sites
TODAY’S LECTURE

The Global Health “System”

Global Health Actors

Interventions

Test 1
(21 September)
Global Health is a landscape of actors who share the common mission of improving global health outcomes.

- **Actors** work independently, collaboratively, multisectorally, and even antagonistically.
- **Action** takes place within context of evolving norms, laws, strategies, relationships, sectors, frameworks, social capital, and soft power.
- **Focus** varies:
  - Local, national, regional, global
  - Primary, secondary, tertiary
  - Horizontal, vertical, diagonal
  - Direct or indirect impact on health
THE MISSION

GOALS
- Public Goods
- Mobilization
- Sustainability
- Good Stewardship & Governance

CHALLENGES
- Sovereignty
- Sectorality, Cooperation, Coordination
- Accountability
- Sustainability, Dependence, “Leakage”

ETHICS
- Beneficence
- Nonmaleficence
- Respect for Persons and Populations
- Distributive (Social) Justice

VALUES
- “Cautious” Consequentialism
- Cosmopolitanism
- Cultural Competence
- Empowerment
2014: 36 billion dollars DAH (development assistance for health)
The Global Health “System”

Interventions

Test 1
(21 September)
The Landscape of Actors*

- **Intergovernmental**
  - UN Agencies
  - Multilateral Development Banks

- **Nongovernmental (NGOs)**

- **International Partnerships**

- **Philanthropic**

- **Research, Policy, Education**

- **Private Sector**

- **National: Systems, Programs, Bilateral Development Agencies**

*You must know key actors! See Addendum*
Countries as Actors: The US Global Health Strategy

**GOALS:**

- Protect/Promote American Health
- Provide Global Support, Aid, and Technical Assistance
- Advance US Interests

**Agencies, Departments, Implementation:**

- Office of Global Health Diplomacy
- Department of Health & Human Services
- Office of International Health & Biodefense
- CDC & NIH
- USAID (the US bilateral development agency)
- PEPFAR
- Peace Corps
- Feed the Future, Neglected Tropical Disease, Malaria, and One Health Initiatives

Global Health Actors: The Landscape

The **BEDROCK** of GH Actors: National Health Systems

National: **Systems**, Agencies, Programs, Bilateral Development Agencies
Health Systems: Global Health’s Bedrock

BUILDING BLOCKS
- Service Delivery
- Health Workforce
- Information
- Medical Products, Vaccines, Technology
- Financing system

GOALS
- Improved Health Levels and Equity
- Responsiveness
- Social & Financial Risk Protection

LEVELS OF CARE
- PRIMARY
- SECONDARY
- TERTIARY

Implementation & Financing May Be Public, Private, Or Mixed Models
A Health System: China

- State-based, via MOH
- Costs: 5% of GDP
- Supports Biomedicine & TCM
- Universal coverage via 3 insurance schemes (with premiums)

- Patients choose provider/system based on access/preference/finances
- 14 physicians per 10,000 patients
- Patients pay about 35% of costs out of pocket--some medicines, co-pays, tests
- Urban care: hospitals & community health centers/stations (much outpatient care is hospital-based)
- Rural Care: primarily township health centers & village clinics
- Challenges: cost, limited access, shallow coverage, fewer & less qualified HCP’s for rural, ethnic, migrant groups
A Health System: Sierra Leone

- Public/Private Mix
- Oversight: Ministry of Health & Sanitation
- Costs: 14% of GDP
- Financing depends heavily on foreign donors & agencies

- Patients choose provider based on access/preference/finances
- Struggles to provide basic primary care--along with free care (when there are resources) to pregnant & lactating women, <5 kids
- 16 doctors/1,000,000 people
- Rural areas: mostly district clinics, health promoters, traditional healers
- Patients costs: 70% costs out of pocket.
- Challenges: high disease burden, impoverished country, few medicines & resources, weak district health management, scarcity of HCPs (healthcare providers), Ebola devastation
A Health System: Sierra Leone

- Overseen by the Ministry of Health and Sanitation
- Public/Private Mix
- Costs: 13.9% of GDP
- Struggles to provide the most basic primary care—along with free care to pregnant women, lactating mothers, and <5 kids
- Patients choose providers and pay almost 70% of costs out of pocket.
- 16 doctors/1,000,000 people
- Funding largely reliant on international donors (including establishment of foreign donor clinics)
- Struggles: high disease burden, battle to lift extremely impoverished from extreme poverty, few medicines & health resources, weak district health management, scarcity of HCPs (healthcare providers), system devastated by Ebola

Global Health Actors engage in Health Systems Strengthening (HSS) through both targeted strategies and Sector Wide Approaches (SWAp)
Mind Your $ & DALYS: Expenditure ≠ Life Expectancy

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<tr>
<th>Top Health $</th>
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<td>1. Norway</td>
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<td>2. Switzerland</td>
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<td>3. United States</td>
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<td>10. Sweden</td>
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TODAY’S LECTURE

The Global Health “System”

Global Health Actors

Interventions

Test 1
(21 September)
The “Ideal” GH Problem-Solving Process*

1. Needs Assessment
2. Priorities
3. Determinant Analysis
4. SWOT Analysis
5. Implement, Monitor, Troubleshoot, Tweak
6. SMART outcomes & metrics (specific, measurable, attainable, realistic, time)
7. ID Intervention Targets
9. Evidence-Based, Culturally Competent, Locally Adapted Strategy (including M/E)

*Crucial for all Steps: Community “Buy-In” & Participation

Participative

Iterative
Important Considerations

- Attitudes/knowledge/beliefs (including your own!)
- Explanatory models (EM) & Health-seeking behavior (HSB)
- Community dynamics, structures, demographics
- Population’s ability, intent, readiness to change
- Barriers to change (real or perceived)
- Starting point: local solutions, local resources, piggy-backing, “positive deviance”? 
- Approach: Change or “harm reduction”? Horizontal, vertical, diagonal?
- “Diffusion of innovation” & local “champion(s)”: leaders, social networks, first adopters?
- How to “market” to your target audience for effective change?
- Strategies: Upstream/downstream? Demand-side/supply side? Incentivization?
- Obstacles, Unintended Consequences, Perverse Incentives, “Leakage”?
In Focus: Social Marketing & Global Health

Techniques:
market segmentation, consumer research, competitive analysis, and pilot-testing to find best strategies and “market channels” for a target population (and its subgroups)

Definition: The Use of marketing strategies & techniques to encourage consumers to “buy a product” (i.e. to adopt voluntary healthy change in behavior)

Strategy: Create Marketing Mix (The 4 P’s)

Product: the behavior & its benefits
Price: benefit outweighs effort (“cost”)
Place: ease of access
Promotion: marketing to maximize adoption
TODAY’S LECTURE

The Global Health “System”

Global Health Actors

Interventions

Test 1
(21 September)
LET’S WRAP IT UP!

The Global Health “System”

Global Health Actors

Interventions

Test 1 (21 September)
NEXT UP:

• W/F Discussion Sections:
  • Review Slidesets and Notes
  • Read Case Study Carefully:
    – Creating A Commercial Market for Insecticide-Treated Mosquito Nets in Nigeria

• Monday 21 September:
  • Excel on Test 1!
*Addendum: The Landscape of Actors*

- In order to be global health literate, you need to know the most influential GH actors and their general focus area.
- The following seven slides provide you with this information (and links to most of them are available on our website if you wish to explore in more detail).
- **Testing:**
  - Test 1 will include the general categories from lecture slide PLUS Intergovernmental Actors and Philanthropic Organizations below
  - Test 2 will add NGOs and International Partnerships below;
  - Test 3 will add US Programs and the H8 below
### Intergovernmental Actors

<table>
<thead>
<tr>
<th>SELECTED UN AGENCIES:</th>
<th>MULTILATERAL DEVELOPMENT BANKS</th>
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<tbody>
<tr>
<td><strong>World Health Organization (WHO)</strong></td>
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<td>Global Health—Policy/Agenda Setting, Research, Coordination, Funding, Programming,</td>
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<td><strong>UN Children’s Fund (UNICEF)</strong></td>
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<td>Rights, Education, Health, Development</td>
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<td><strong>UN Population Fund (UNFPA)</strong></td>
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<td>Reproductive, Family, Population Health,</td>
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<td><strong>UN Development Programme (UNDP)</strong></td>
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<td>Poverty, Economic Growth/ Development</td>
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<td><strong>Food &amp; Agriculture Org. (FAO)</strong></td>
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<td>Hunger, Food Production &amp; Policy</td>
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<td><strong>World Bank (WB)</strong></td>
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<td>Loans &amp; Funding for Development (and Health)</td>
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<td><strong>Most regions have Regional Development Banks:</strong></td>
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<td>Asian</td>
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<td>InterAmerican</td>
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**Intergovernmental Actors**

*UNITED NATIONS AGENCIES*

- World Health Organization (WHO)
  - Global Health—Policy/Agenda Setting, Research, Coordination, Funding, Programming
- Pan American Health Org. (PAHO)
  - Health in the Americas (for WHO)
- UN Children’s Fund (UNICEF)
  - Rights, Education, Health, Development
- UN Population Fund (UNPFA)
  - Reproductive, Family, Population Health
- UN Development Programme (UNDP)
  - Poverty, Economic Growth/Development
- Food & Agriculture Org. (FAO)
  - Hunger, Food Production & Policy

*MULTILATERAL DEVELOPMENT BANKS*

- World Bank (WB)
  - Loans & Funding for Development (and Health)
- Regional Dev. Banks:
  - Asian
  - European
  - African
  - InterAmerican

*Go to the links on our class website under “Resources” to read more about all of the actors I mention today . . .

*Other Intergovernmental Actors with Health Impacts*:

- **The International Monetary Fund (IMF)**, which provides loans to countries in need, requires structural and policy adjustments of those countries—these may include spending cuts that have a direct and indirect impact on health systems and the health status of individuals.

- **World Trade Organization (WTO) and World Intellectual Property Organization (WIPO)** work to create and harmonize rules on patents and intellectual property—both of which impact price of and access to drugs and medical technologies.

- **Work of the UN Human Rights Commission (UNHRC) & the UN High Commissioner on Refugees (UNHCR)** oversee the safety and health of refugees.
Philanthropic Organizations

- Bill and Melinda Gates Foundation: health, innovation, education
- Wellcome Trust: human and animal health
- Rockefeller Foundation: innovative strategies for health
- Aga Khan Foundation: health, education, and development
- Ford Foundation: sexual/reproductive health, human rights, education
- United Nations Foundation: global health issues, partner with UN
*Nongovernmental Organizations (NGOs)*

- **Int’l Red Cross & Red Crescent**
  - Emergencies, Humanitarian Crises

- **Médecins san Frontières (MSF)**
  - Medical Care: Emergencies and Humanitarian Crises

- **Partners in Health (PIH)**
  - Primary Health Care Prevention

- **BRAC**
  - Economic/Social Development (inc. microcredit), Education, Health, Tech

- **PATH**
  - Health Innovations & Technologies

- **CARE International**
  - Emergency Relief, Humanitarian Assistance (& Food Aid), Development

- **Clinton Foundation**
  - Global Health, Climate, Social Justice

- **FHI 360 (Family Health Int’l)**
  - Health, Family Planning, Development

- **Oxfam International**
  - Poverty and Social Justice

- **Carter Center**
  - Neglected Diseases, Mental Health
**International Partnerships**

- Global Fund to Fight Aids, Tuberculosis, and Malaria
- International AIDS Vaccine Initiative (IAVI)
- Global Alliance for Vaccines & Immunization (GAVI)
- Global Alliance to Improve Nutrition (GAIN)
- Stop TB
- Roll Back Malaria
- Global Polio Eradication Initiative
- Joint UN Programme on HIV/AIDS (UNAIDS)
- **UNITAID**—an alliance of countries working to fund organizations that increase access to drugs/diagnostics for HIV, tuberculosis, malaria via price negotiation, purchasing, incentivization, and airline taxes in participating countries—US is not a participant
- **IHP+** (International Health Partners)—a large group of countries, agencies, and organizations working to coordinate GH policies, principles, and interventions. US participates through USAID!
*The US & GLOBAL HEALTH*

**Agencies, Departments, Initiatives**

- Office of Global Health Diplomacy
- Department of Health & Human Services
- Office of International Health & Biodefense
- Center for Disease Control (CDC)
- National Institutes of Health (NIH)
- USAID
- PEPFAR
- Initiatives: Feed the Future, Neglected Tropical Disease, Malaria, One Health
- Peace Corps

Finally: *The H8*

Members
- WHO
- World Bank
- GAVI
- UNICEF
- UNFPA
- UNAIDS
- The Global Fund
- The Gates Foundation

A Group of Eight Influential GH Actors who meet twice a year for talks and planning for global health focus, strategy, and scale-up.