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

Tuesday, December 10, 2013

Steps to a rights-based approach

By: The World Bank Institute

Paul Hunt, professor at the Human Rights Centre at the University of Essex and the former UN Special Rapporteur on the Right to Health, yesterday explained the unique opportunity we have to make real (operationalize) the right to health.

“We are at a time of momentous promise for the right to health, and leadership in this domain is critical”.

Hunt stressed that making it real requires to work in concrete issues, like the maternal mortality or non communicable diseases, and to use rights-based lens in a multi disciplinary team comprised of service experts, patients, and economists, among others.

Hunt described research that found plausible levels of evidence that a human-rights based approach contributes to health gains for women and children. He stressed that by working together practitioners can help understand how right to health works.

He highlighted the importance of accountability and noted that acknowledging a right to health does not provide easy answers to complex policy issues.

Participants in several country groups remarked that the framework for a rights-based approach exists in their countries, including in their constitutions, but that major barriers, such as limited resources and a lack of political will, to realizing this ideal exist. It was suggested that human rights—described as “ethics with teeth”—should be part of the fabric of education for health care professionals.

Hunt said: “At the center of the right to health is the well-being of individuals, of communities, of populations. We need to focus on outcomes and processes.”



Participants taking part in one of Monday's workshop sessions

Defining value in our health care Practice in policy advice

By: Emily Fletcher

What would you do for your country's health system with a one-time budget surplus of \$10,000,000? Glyn Elwyn of the Dartmouth Center for Health Care Delivery Science posed this hypothetical situation and several other provocative questions to participants on the second day of the 507th session of the Salzburg Global Seminar, focused on universal health coverage and health care delivery science.

Elwyn's interactive and lively activity was the last group session yesterday, which kicked off with Dr. Al Mulley, director of the Dartmouth Center for Health Care Delivery Science, discussing the definition and measurement of value in health care.

While economists define value most simply as outcomes over costs, Dr. Mulley said this definition must be unpacked to be useful in a health care context. Uncertainty will always exist in health care decisions, so health systems must measure patient preferences to determine what is

valued in the face of this uncertainty, Dr. Mulley explained.

He presented the example of end-of-life care in the United States to illustrate the failings of health care capacity building that disregards or does not measure patient preferences.

Preference-sensitive health care capacity building, he said, can improve value as measured by individuals while reducing costs.

After lunch, Elwyn asked everyone to imagine themselves as both as individuals defining health policy priorities and as patients in the health care system. Using option grids to aid in their decision making, participants-turned-patients debated whether to opt for optimal medical management or stenting to treat their hypothetical angina and discussed how patients can be empowered to make informed decisions that align with their preferences and values.

At the end of the day, participants met formally for the first time to discuss priorities for the action plans, which will span issues as diverse as mental health and electronic medical records.



Dr Niti Pall has worked as a doctor in a thriving inner-city practice in the UK and is a board member of the International Diabetes Federation

An interview with.... Niti Pall

Chief Medical Officer discusses primary health care in India

Oscar Tollast

"I'd like to see more cross-country work," said Dr Niti Pall, Chief Medical Officer for HCL Healthcare, sitting in the Chinese Room at Schloss Leopoldskron.

Speaking to Salzburg Global on the second day of the session, 'The Drive for Universal Health Coverage', Dr Pall revealed how she would like to learn from others and seek innovative ideas.

"The connections and the breadth of experience I met the last time I came was stupendous, and I'm just hoping to get that again here."

During the second day of discussions, participants discussed how we define and measure value in health care, an approach Dr Pall found insightful.

"It's not a new idea, but the way it has been articulated at this session was great.

"I'm going to be looking at that when we look at how we implement our systems-based approach."

Four years ago, Dr Pall set up a business called Pathfinder Health India. It provided clinics and primary care training centers, but needed more

impact investment capital to continue to scale up.

"The challenge was trying to raise capital for something like primary health care, which commercially doesn't make money right away.

"Impact investors didn't know how to measure the impact of that when we started to raise capital."

Impact investment funds evaluated the business just like a private equity fund would.

"It was more like somebody evaluating a truly commercial venture, looking for returns on investment based on that rather than looking for a return on social impact investment. That took us ages to figure out."

There are no payer systems in India that pay for primary health care. It's one of the issues Dr Pall would like to discuss this week.

"I'd like the universal health coverage statement to focus on the payer systems. I'd really like people to be talking about that openly and to be challenging [the] industry."

Pall joked the reason she set up Pathfinder Health was due to being "completely and utterly mad".

In reality, inspiration came after Pall

fell sick four years ago and was treated by the National Health Service in the UK.

"In the UK, you don't even talk about universal [coverage]; it's accepted. When I fell sick, I didn't have to worry about somebody paying for this.

"I'd get top-class specialists to look after me. I knew that if I needed to go and see my GP, it was all free. And I knew that if a nurse was needed at home, somebody would come home."

Whilst this level of coverage is perhaps seen as a "given" in the UK, the same cannot be said for India.

"That's what inspired me to say there's something wrong here. One in six women in rural India still dies during childbirth. That couldn't be right.

"A paradigm shift happened in my thinking and I decided to go off and do this thing in India."

Participants will explore today how to reform health systems in different settings and environments.

It is perhaps relevant when considering how universal health coverage might be defined in each country,

But Dr Pall said, "We're all the same. The requirements for universal health coverage are the same. It's how we implement it that will be different."

The right to health and the right to know

Photos by: Rob Fish





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

“I really enjoyed the scenario-led discussion we had on if you were a patient: what decisions would you make based on the information you receive?”

There are so many different perspectives from around the world and they centered on the level of the patient to be able to understand the information that was given, confidence in the health care system, and confidence in the health care providers.”

Sara Al-Dahir

Interim Louisiana Hospital, USA

“When we were talking about shared decision-making, it was very interesting for me to see the similarities among the different tables, which represented different countries.

We have similar common issues and rather than try and invent different solutions for each setting, I think there is a great opportunity for us in the following meetings to try to come together with a common approach and try to see how it works in the different

countries where we are coming from.”

Jaime Bayona

The World Bank, Peru

“Individual value is very important in understanding patient preferences. But we also need to think about societal value and trade-offs with other investments that we can make with our money and our resources.”

Aneil Jaswal

Doctoral student at the University of Oxford, Canada

“For a patient to value health, they should have a complete understanding of what to expect.

At the same time, they should also understand their responsibilities towards meeting the health service provider, so they can reach that understanding to say as a patient I'm responsible for protecting myself, to eat well, to bring my child for immunization, and to take treatment if I have to.”

Thembokkuhle Karigani

Gauteng Department of Health, South Africa

“We had quite a good discussion in our group - the East Asia group. The first question we have to ask ourselves is whose value is it? We looked at the supply side and also

the recipient side.

On the supply side that means the professionals and also the government.

We think good health care services would be sustainable, ethical and equitable. It also proves to be good value for money.

On the recipient side, I think patients would value affordable health care.”

Ching-kan (Jackie) Leung

Department of Health, Chinese Medicine Division, China

“Usually we see in the USA more importance given to the individual's choice and how they are going to see the perception in every aspect.

We give individuals proper information, knowledge and skills. They will take their own decision because we very much value the individual's choice and rights.”

Kamrun Mustafa

Xavier University of Louisiana, USA

“The way I would define health care in Rwanda is basically to make everything based on community involvement and participation.

It is also to ensure that there is accountability between the people you serve and the health care leaders in the country.”

Jean Pierre Nyemazi

Rwanda Biomedical Center, Rwanda