9th ASEAN-Japan High Level Officials Meeting on Caring Societies

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Presentation Aim, Conceptual Overview

Aim

Improving Community Health Services for Socially Vulnerable People Through Human Resource Development for Health and Welfare Service Providers

Thematic areas

- Health equity, vulnerability and poverty
- National health planning, primary health care, health systems, evidence-based decision-making ; prioritization, inclusiveness
- Disabilities and human rights
- People-centred health care; empowerment, resilience
- Needs of vulnerable groups and health worker competencies

Health Equity.....What We Know, What Works, What Doesn't

- Poorer health among disadvantaged, vulnerable groups
  - Reesults not just from lack of material resources (food, housing, water,etc.) but also from such psychological factors as lack of empowerment.
- Avoidance of out of regressive out of pocket payments for health, including facility user fees
- Many approaches are disease or service specific and vary widely across countries (i.e. difficult to compare Cambodia's experience in health service contracting to other countries)
  - Adapt to local context and pilot in a few places
- Monitoring, flexibility, adjusting approaches as needed

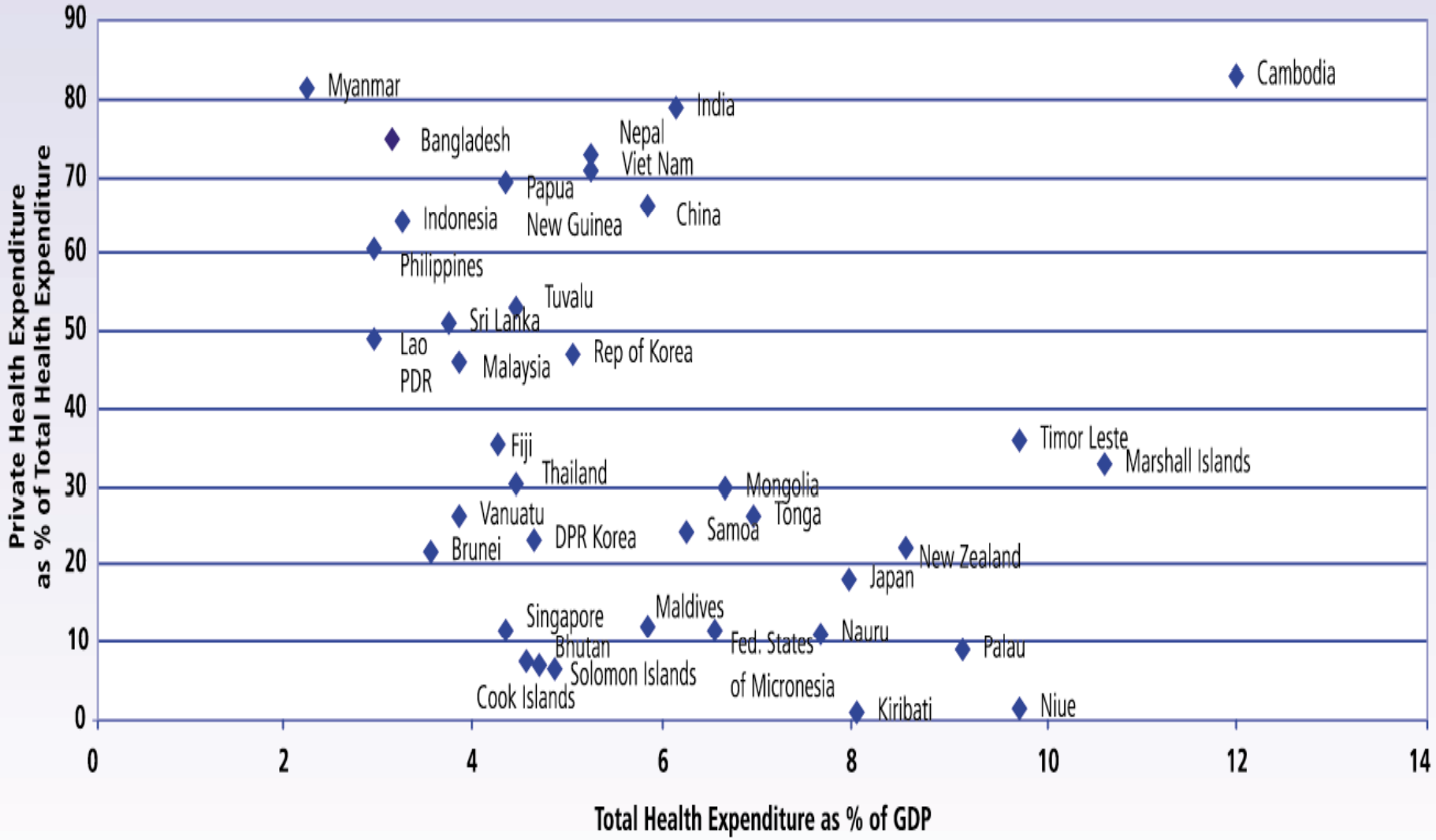
Gwatkin, D. 10 best resources on health equity. Health Policy and Planning 2007' 22:348-351
Gwatkin, D., Wagstaff, A, Yazbeck, A. Reaching the poor with health, nutrition and population services. World Bank, 2005.

Health Equity.....What We Know, What Works, What Doesn't

- Ensure that health policies and service delivery strategies redress inequities rather than exacerbate inequities
- Empower the private, for profit sector
- Address perceptions of poor quality of public services to avoid impoverishment of vulnerable households through payment for private sector services—recognizing the implications of complex relationship between utilization, satisfaction and vulnerable groups
- Understand the constraints faced by the vulnerable and their unique needs

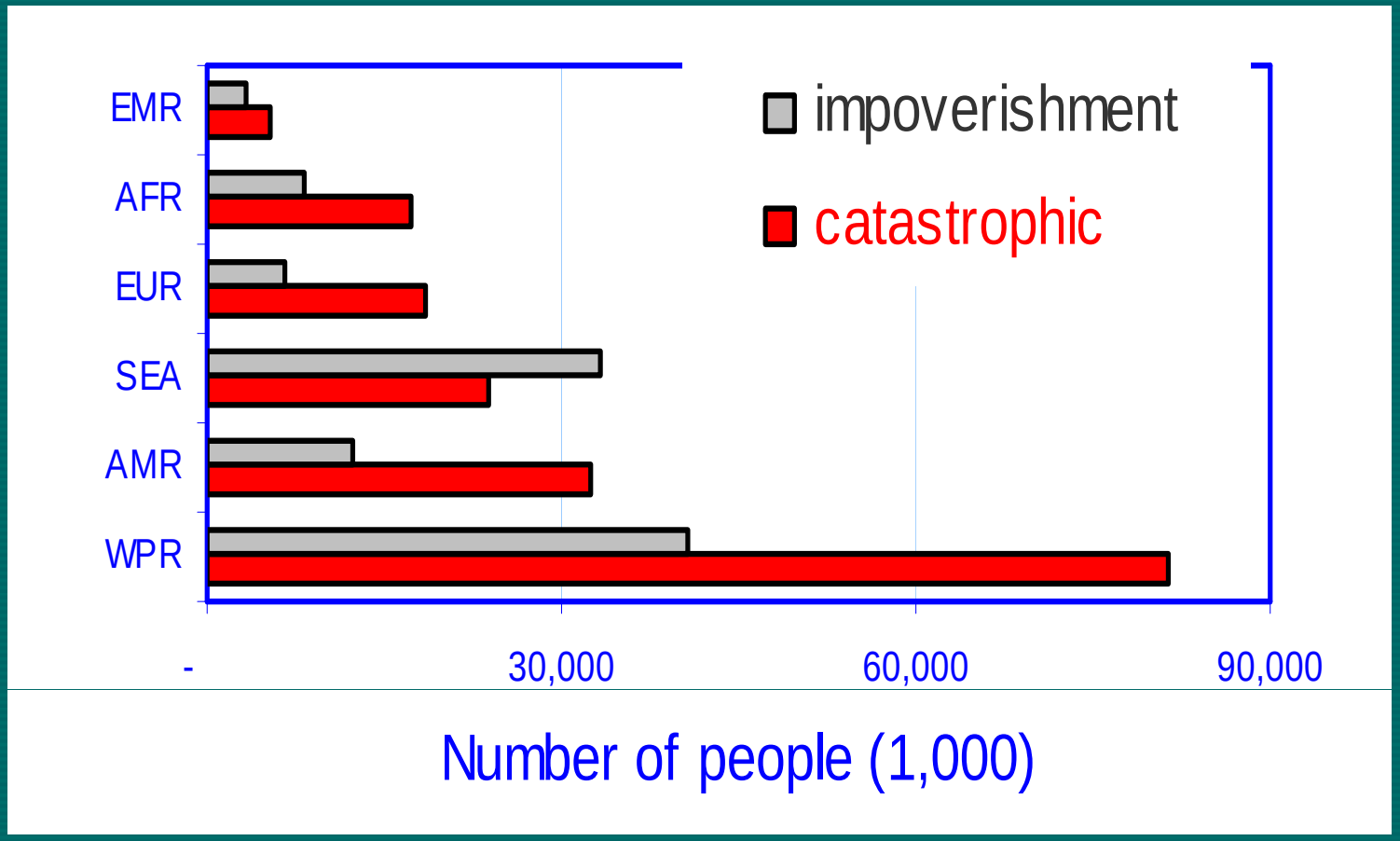
Gwatkin, D. 10 best resources on health equity. Health Policy and Planning, 1007;22:348-351; Gwatkin, D., Wagstaff, A, Yazbeck, A. Reaching the poor with health, nutrition and population services. World Bank, 2005.

Health care financing profile of the Western Pacific and South-East Asia Regions, 2002



Consequences of out-of-pocket payments for health care

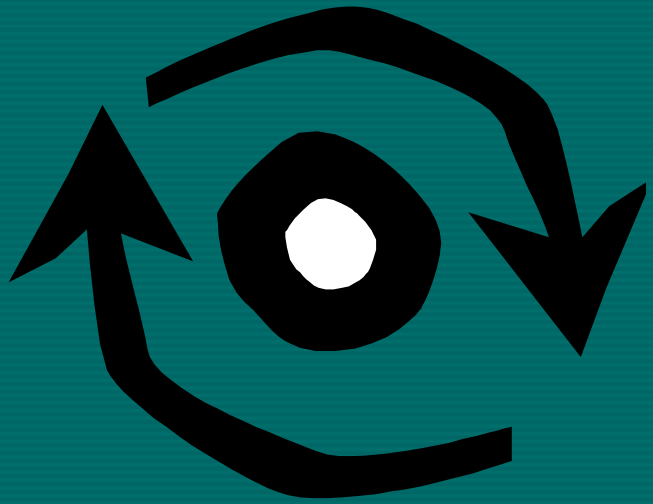
- 150 million people suffer financial catastrophe and 100 million people are pushed into poverty annually due to health spending



Poverty, Vulnerability and Health: the Links

The vicious circle:

- Ill health leads to poverty
- Poverty leads to ill health



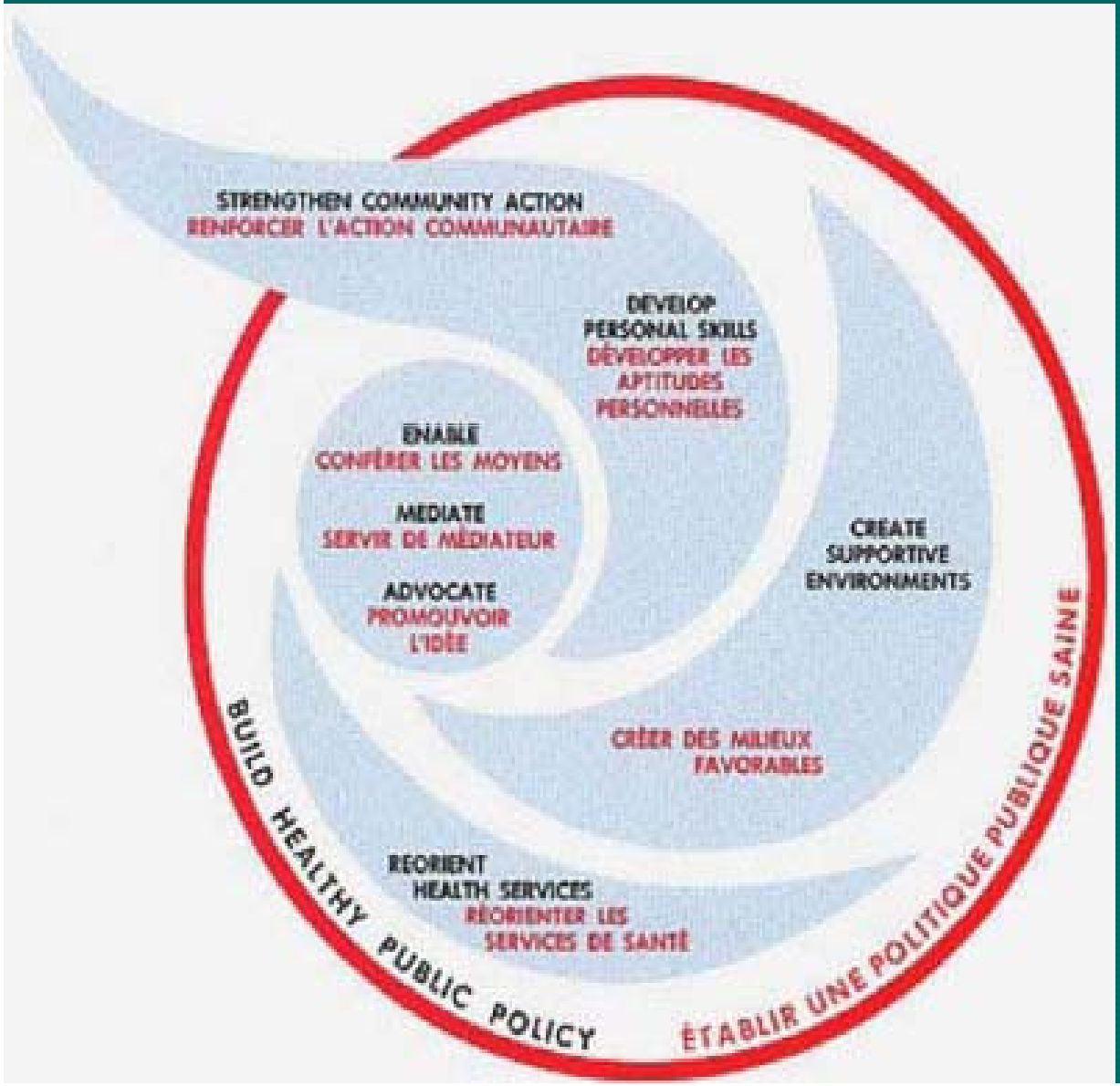
The virtuous circle:

- Good health is linked to higher income and welfare
- Higher income is linked to good health

PHC Socially-Defined, Responsive Reforms *[WHO WHR 2008]*

- Aimed at universal access and social health protection
- Dealing with the health of everyone in the community
- Comprehensive, holistic and continuous response to people's expectations, needs, risks and illnesses
- Promotion of healthy lifestyles; reduction of social, environmental hazards

The Ottawa Charter for Health Promotion 1986



Enable, mediate, advocate, to:

- Build healthy public policy
- Create supportive environments
- Strengthen community
- Develop personal skills
- Reorient health services

How Experience has Shifted the Focus of PHC

Early attempts at PHC	Current concerns of PHC Reforms
A basic package for the rural poor	Universal access, comprehensive services
Mother and child focus	All disadvantaged groups
Acute, infectious, diseases	Health risks, illness across life course
Healthy local environment	Healthy global and local environments
Scarcity and downsizing	Managing growth to universal coverage
Government, top-down services	Public/private mixed health systems
Bilateral aid, technical assistance	Global solidarity, joint learning
First level care, not hospitals	Coordinated referral to appropriate care
PHC is cheap	PHC is not cheap, but good value for money

Reasons for a Renewal of PHC

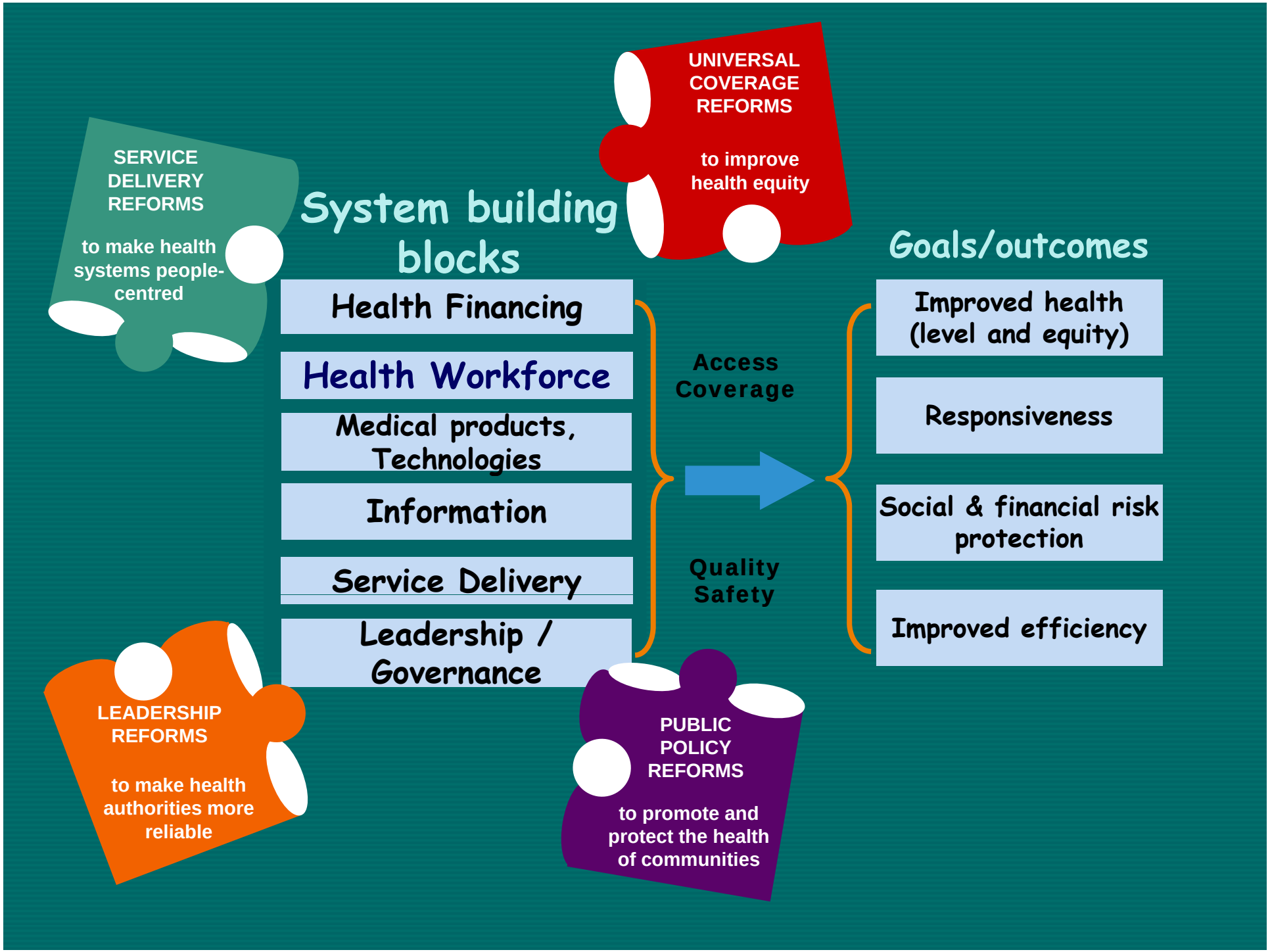
Realignment of values and rising expectations

- People across the world increasingly expect:
  - a say in what affects their lives
  - access to quality, people-centred care
  - protection of the health of their families and communities
  - health equity, social inclusion, solidarity
  - health authorities that can be trusted and relied on

Disconnect between expectations and experience of health systems

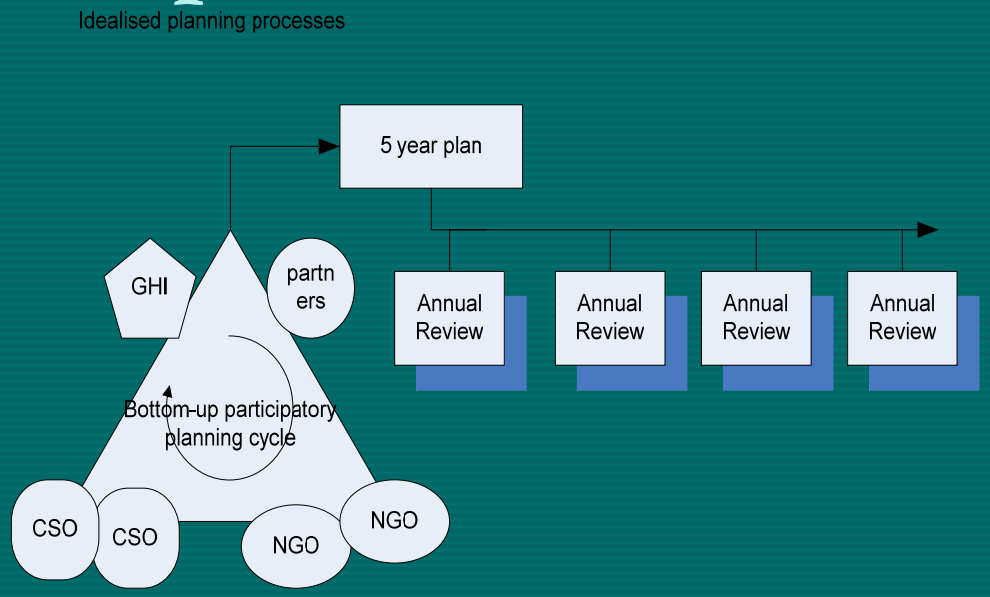
World Health Report 2008: Primary Health Care, Now More Than Ever. Four Areas of Reform

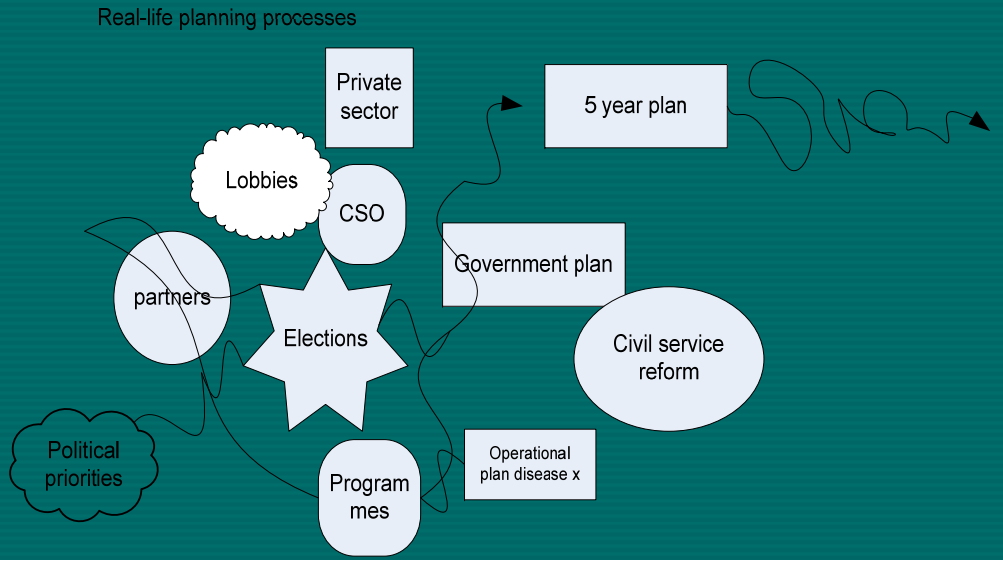
Goals of:
better health,
less disease,
greater equity,
and better performing health systems


SERVICE DELIVERY REFORMS
to make health systems people-centred
UNIVERSAL COVERAGE REFORMS
to improve health equity
System building blocks
Health Financing
Health Workforce
Medical products, Technologies
Information
Service Delivery
Leadership / Governance
Access Coverage
Quality Safety
Goals/outcomes
Improved health (level and equity)
Responsiveness
Social & financial risk protection
Improved efficiency
LEADERSHIP REFORMS
to make health authorities more reliable
PUBLIC POLICY REFORMS
to promote and protect the health of communities

National Health Planning for Socially Vulnerable Population Groups

- More than the sum of programme plans such as Mental Health roadmap, Public Health plan…
- It is not the "plan" that is important, but the **overall process**
- The process is messy; the key is **inter-sectoral, whole of government national and local inclusive policy dialogue**





System-Wide Approach to Health Planning and Priority-Setting: Challenges and Lessons Learned

- Population based needs assessment
- Evidence base to support priority setting, decision-making
  - –Application of managerial, ethical and economic tools to inform prioritization resource allocation and decision-making
- Engagement with a variety of stakeholders and the public to build coalitions of support, legitimization
- National support and debates to strengthen local decision-making

Health Services Management Centre, University of Birmingham and Nuffield Trust. Setting priorities in health: A study of English primary care trusts, 2011.

System-Wide Approach to Health Planning and Priority-Setting: Challenges and Lessons Learned

- Strong, effective leadership skills to suport shared decision-making; engagement, motivation of all, including middle management, front-line personnel
  - Clinical leadership and clnical champions to appeal to other clinicians, patients and the public
- National debates around priority-setting and resource allocation across health and social care
- Horizontal and vertical integration measures
- Accountability for implementation, as well as structures to support and monitor implementation, such as performance management structures, timelines.
- Managing tensions between local and national imperative

Health Services Management Centre, University of Birmingham and Nuffield Trust. Setting priorities in health: A study of English primary care trusts, 2011.

Policy Frameworks Promoting Social Justice and Health Equity

England's Fair Society, Healthy Lives Action Areas

- **Give every child best start in life**
- **Improve education and lifelong learning**
- **Create fair employment and jobs**
- **Ensure a minimum income for a healthy standard of living**
- **Build healthy and sustainable communities**
- **Apply a social determinants approach to prevention**

Health in All Policies: South Australia's Approach

- Health and well-being are largely influenced by measures managed by sectors other than health
  - Majority of preventable chronic conditions are largely influenced by policies outside health sector which impact living conditions, determinants of health
- Support other sectors in achieving their goals in ways which also promote health and well-being.
  - Promote changes in social, physical and economic environments
- Create cross -sectoral and cross-disciplinary solutions
- Competency development of health workers in common and complimentary knowledge and skills sets

Disabilities, Vulnerability

- **More than one billion people live with some form of disability**
  - Nearly 200 million of those with disabilities experience considerable difficulties in functioning.
- **The prevalence of disability is increasing**
  - Due to ageing populations and higher risk of disability in older people; and
  - Global increase in chronic health conditions, including diabetes, cardiovascular disease, cancer and mental health disorders.

WHO. World Report on Disability. Malta: WHO, 2011.

Disabilities, Vulnerability

Across the world, people with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities. This is partly because people with disabilities experience barriers in accessing services that many of us have long taken for granted, including health, education, employment, and transport as well as information. These difficulties are exacerbated in less advantaged communities.

WHO. World Report on Disability. Malta: WHO, 2011

Prevalence of Disabilities

Across 59 countries surveyed, disability prevalence varies from 11.8% in higher income countries to 18.0% in lower income countries

- Vulnerable groups including women, those in the poorest wealth quintile and older people have high prevalences of disability
- For all the vulnerable groups, rates are higher in developing countries
- Prevalence of disabilities in lower income countries in those aged 60 and over was 43.4% [as compared to 29.5% in higher income countries]

WHO. World Report on Disability. Malta: WHO, 2011

Disabilities

- Persons with disabilities are diverse and heterogenous
- Almost everyone will experience temporary or permanent impairment at some point in life
- Persons surviving to old age will experience functional challenges or difficulties
- Most extended families have a disabled family members
- Many non-disabled people take responsibility for supporting or caring for family or friends with disabilities

Human Rights Approach to Disabilities

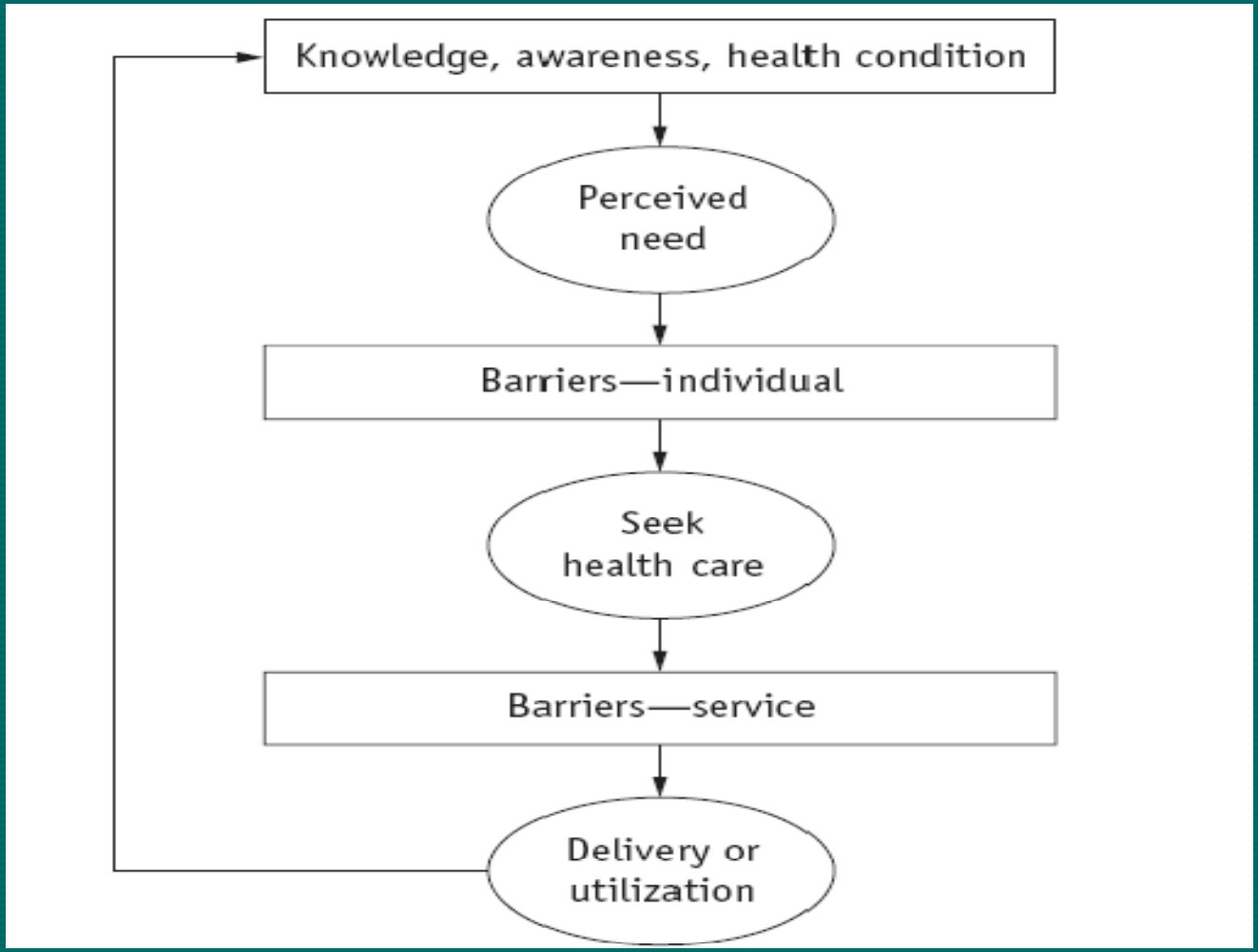
- **Persons with disabilities experience inequalities; are subject to violations of dignity and some are denied autonomy**
- The general principles of the **Convention on the Rights of Persons with Disabilities** outlines core human rights principles
  - Respect for inherent dignity, individual autonomy, including freedom to make one's own choices, and independence
  - Non-discrimination
  - Full and effective participation and inclusion in society
  - Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
  - Equality of opportunity
  - Accessibility
  - Equality between men and women
  - Respect for evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

Health Needs, Risks and Inequalities of Persons with Disabilities

- Wide range of primary health conditions with varied needs
- Increased risk of secondary complications; co-morbid conditions
- Increased vulnerability to age-related conditions
- Greater risk of exposure to violence
- Higher risk of unintentional injury and premature death
- Higher risks of social deprivation, poverty
- Lack of health promotion, service access and equal treatment.

World Report on Disabilities, 2011

Barriers to Service Utilization by Vulnerable Groups



Gwatkin, D., Wagstaff, A, Yazbeck, A. Reaching the poor with health, nutrition and population services. World Bank, 2005.

Human Rights, "Disability-Friendly" Policies

Convention on the Rights of Persons with Disabilities Action Areas

- **Accessibility**—food, fluid, health services, health and life insurance, environment.
- **Affordability**—same variety, quality and standard of free and affordable health care as other persons. Affordable, fair contributions taking into account ability to pay. promote efficiency, reduce waster and remove barriers to access-target funding to support those with greatest need; provider incentives to promote access, general income support]
- **Availability**— early intervention and treatment as close as possible to where people live [address physical, environmental barriers; strengthen community-based systems of mental health care and integrate disability care fully within general system of care; address communication, mobility, transport needs; sufficient, extra consultation time; health literacy needs; address health promotion needs; alternative models of service delivery]
- **Quality** —ensure health workers give same quality of care to people with disabilities as to others

UN. Convention on the Rights of Persons with Disabilities [Article 25: Health], 2006; World Report on Disabilities, 2011

Common Human Resource Barriers

- Health workers attitudes, knowledge and skills insufficient or in conflict with the rights of persons with disabilities, vulnerabilities
- Limited knowledge and understanding of disability in general
- Stigmatization, discrimination [institutionalization, abuse, neglect, devaluation as a human being]
- Insensitivity, disrespect; misconceptions, discomfort
- Inadequate knowledge and skills on co-morbid conditions associated with disability and their management
- Treatment variations, lack of evidence-based guidelines
- Ineffective coordination of health services
- Assuming that people with certain conditions lack capacity
- Assuming people with disabilities are not sexually active

World Report on Disabilities, 2011

Putting People with Disabilities at the Centre of Care

'I am a black woman with a disability. Some people make a face and don't' include me. People don't treat me well when they see my face but when I talk to them sometimes it is better. Before anyone makes a decision about someone with a disability they should talk to them.'

WHO. World Report on Disability. Malta: WHO, 2011.

1948 WHO Constitution

- WHO's definition of health: A state of **complete physical, mental and social well-being** and not merely the absence of disease or infirmity.
- WHO's objective: The **attainment by all peoples** of the highest possible level of health.
- WHO's function: To act as the **directing and coordinating authority** in international health work.

People-centred Health Care

Vision for People– Centred Health Care

Individuals, families and communities are served by and able to participate in trusted health systems that respond to their needs in humane and holistic ways in all settings, at all times

WHO WPR, People Centred Care: A Policy Framework, 2007

People – Centred Health Care

Its' values and principles:

- Human rights
- Dignity
- Non-discrimination
- Participation and Empowerment
- Access and Equity
- A partnership of equals

Addressing Health Workers Needs

- Education/training for health workers about disability [causes, consequences, treatment, correcting assumptions, addressing attitudes]
- Integrate disability training into entry to practice education
- Sensitize health workers and increase capacity for holistic and compassionate care through better communication, recognition of psychosocial, cultural, disability issues
- Focus on core ompetencies and continued competency development
- Address prevention, health promotion, early identification, management, rehabilitation
- Enhance commitment to person-centred, quality, safe and ethical care
- Support health workers with tools, evidence-based guidelines and community resource guides

Core Performance Abilities/Competencies

- Knowledge, understanding and judgment
- Range of skills – thinking, judgment, technical, and interpersonal
- A range of personal attributes and attitudes

Core Competencies to Address Health Needs of Vulnerable Groups

- Epidemiology, health determinants, public health
- Communication, collaboration, team-building
- Community partnerships
- Accountability, organizational effectiveness
- Quality improvement

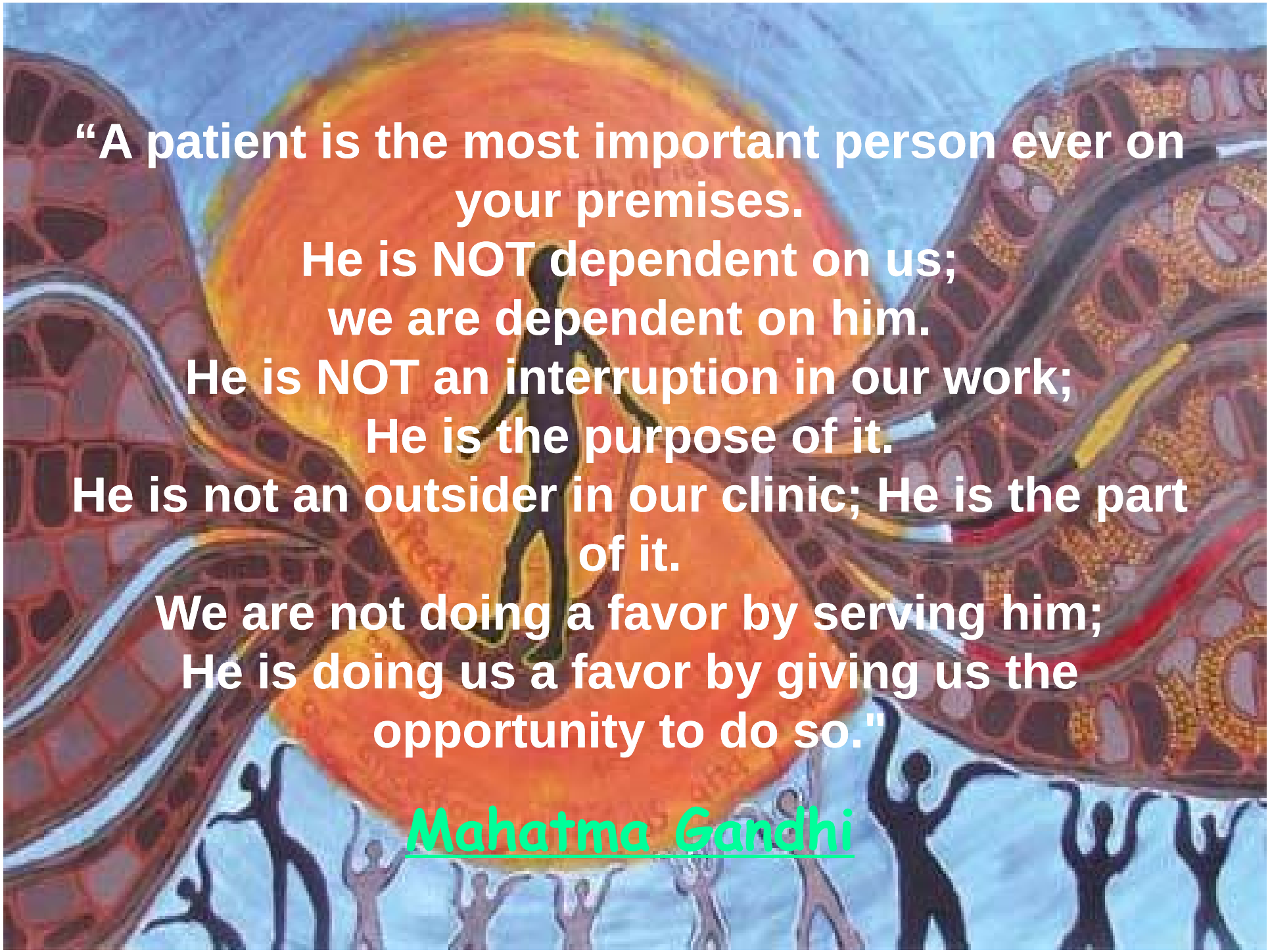
Core Competencies to Address Health Needs of Vulnerable Groups

- Cost analysis; health economics
- Cultural competence
- Health promotion, disease prevention
- Strategic planning, policy-making
- Advocacy, coalition-building
- Mobilization

A shift in focus …

- *"The essence of care is to **centre on the patient**. This is a shift from traditional, provider focused practice, and it requires the workforce to develop communication skills that empower patients [clients] through seeing health from the patient's perspective, and motivating and training patients in health-related self-management."*

  – *Core Competencies of the Health Care Workforce for the 21st Century: The Challenge of Chronic Conditions (WHO 2005)*


“A patient is the most important person ever on your premises.
He is NOT dependent on us;
we are dependent on him.
He is NOT an interruption in our work;
He is the purpose of it.
He is not an outsider in our clinic; He is the part of it.
We are not doing a favor by serving him;
He is doing us a favor by giving us the opportunity to do so."
Mahatma Gandhi