

Global Health Care Issues

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EMERGING GLOBAL
LEADER INSTITUTE

*Presented by
Sigma Theta Tau International*

Jhpiego, Innovating to Save Lives

- Non-profit global health affiliate of Johns Hopkins University
- For 42 years, Jhpiego has worked in over 150 developing countries such as Afghanistan, South Sudan and Rwanda.
- Over 3,000 employees, of whom 85% work in the field



Core Competencies

Jhpiego's Response to Changing Health Needs Worldwide: Current Areas of Expertise

CLINICAL							INTERVENTION APPROACHES
Family Planning & Reproductive Health Interval family planning Postpartum family planning Long-acting contraception Cervical cancer prevention & treatment Postabortion care Adolescent reproductive health	Maternal & Newborn Health Focused antenatal (prenatal) care Malaria in pregnancy Skilled birth attendance Newborn care Postnatal care Emergency obstetric & newborn care Management of obstetrical & newborn complications	Infection Prevention & Control Protection of clients & health workers Safe waste management Injection safety Emerging infections preparedness	HIV/AIDS Prevention of mother-to-child transmission of HIV Counseling & testing Male circumcision Post-exposure prophylaxis Antiretroviral therapy Tuberculosis co-infection/opportunistic infections	Infectious Diseases Malaria case management Tuberculosis Emerging infectious diseases (e.g., Ebola)	NCDs Hypertension Diabetes	Intervention Approaches Policies, Clinical Guidelines & Performance Standards Competency-Based Education & Training Systems Performance & Quality Improvement Community Interventions & Mobilization/Youth Data for Decision-Making Information Communication Technology for Development	
KEY INTEGRATED SERVICES	Integrated antenatal care	Adolescent health	Support for first-time parents	Integrated postnatal care	HIV/family planning integration	HIV/cervical cancer prevention	Gender

Where We Work



Systems are Complex...



Goal Driven: Millennium Development goals 1990-2015

Goal 4—Reduce child mortality

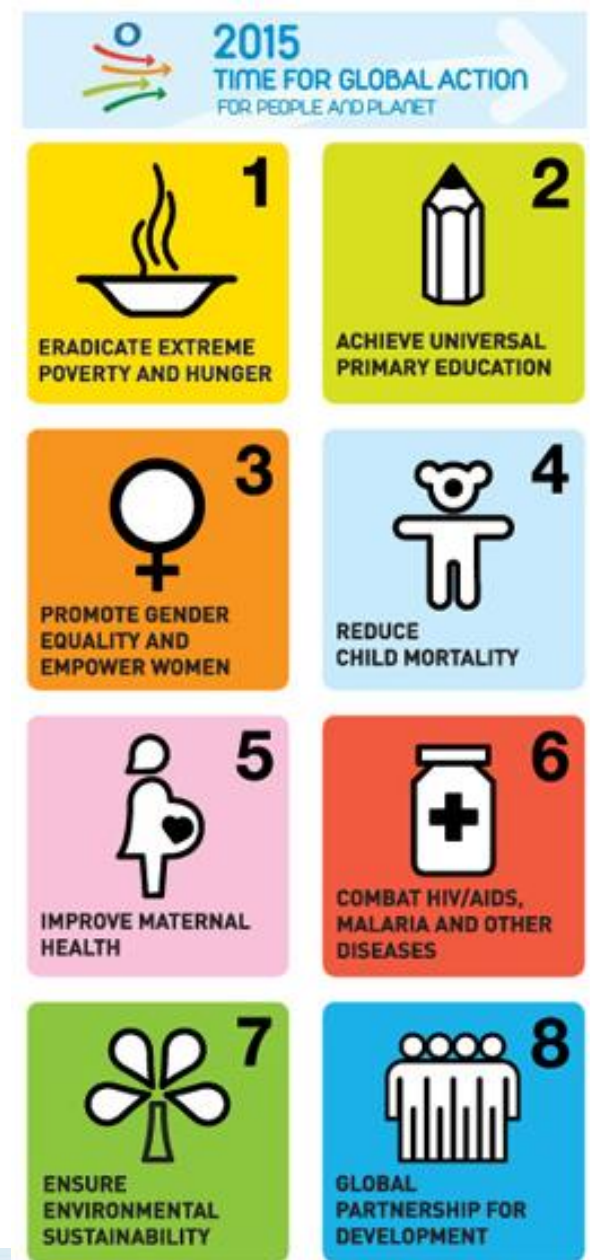
- The annual rate of reduction of under-five mortality has more than tripled globally.

Goal 5—Improve maternal health

- The maternal mortality ratio has been reduced by nearly half worldwide. Nowadays three-quarters of births are assisted by skilled health personnel globally.

Goal 6—Combat HIV/AIDS, malaria and other diseases

- Lower infection rates of HIV of 40 per cent, an immense increase in antiretroviral therapy, tremendous declines in malaria deaths and incidence rates as well as superior success in tuberculosis treatment prove that the MDGs work to defeat diseases.



Goal Driven: Sustainable Development Goals

Sustainable Development Goals



What is Universal Health Coverage?

The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them

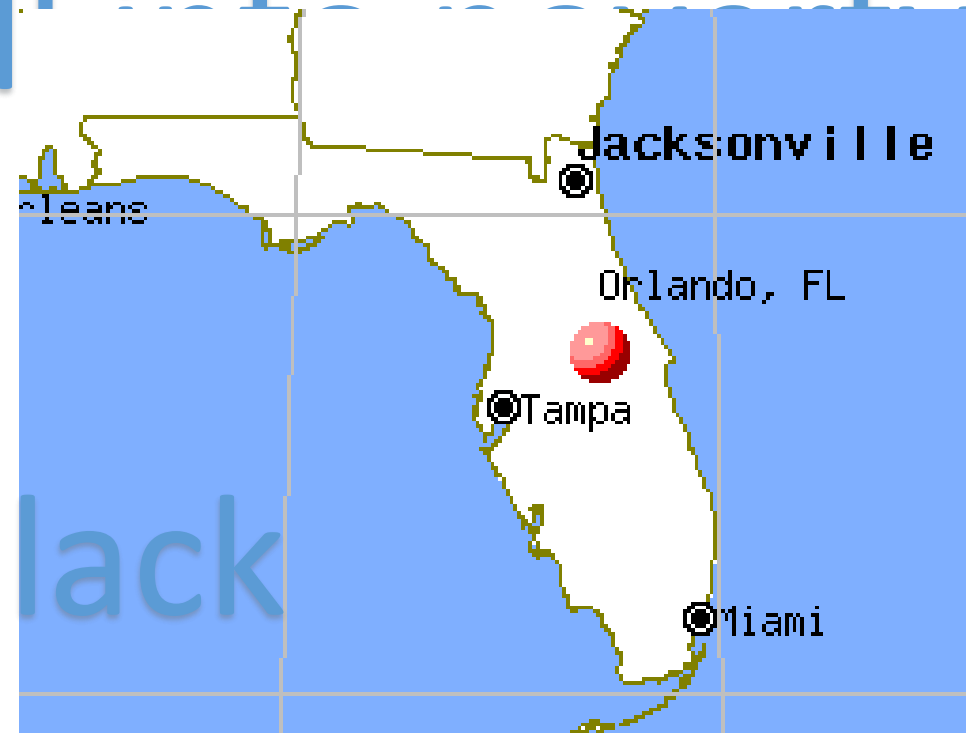
Why Does UHC Matter?

100,000,000 fall into

Every year.
273,000

1,000,000,000 lack

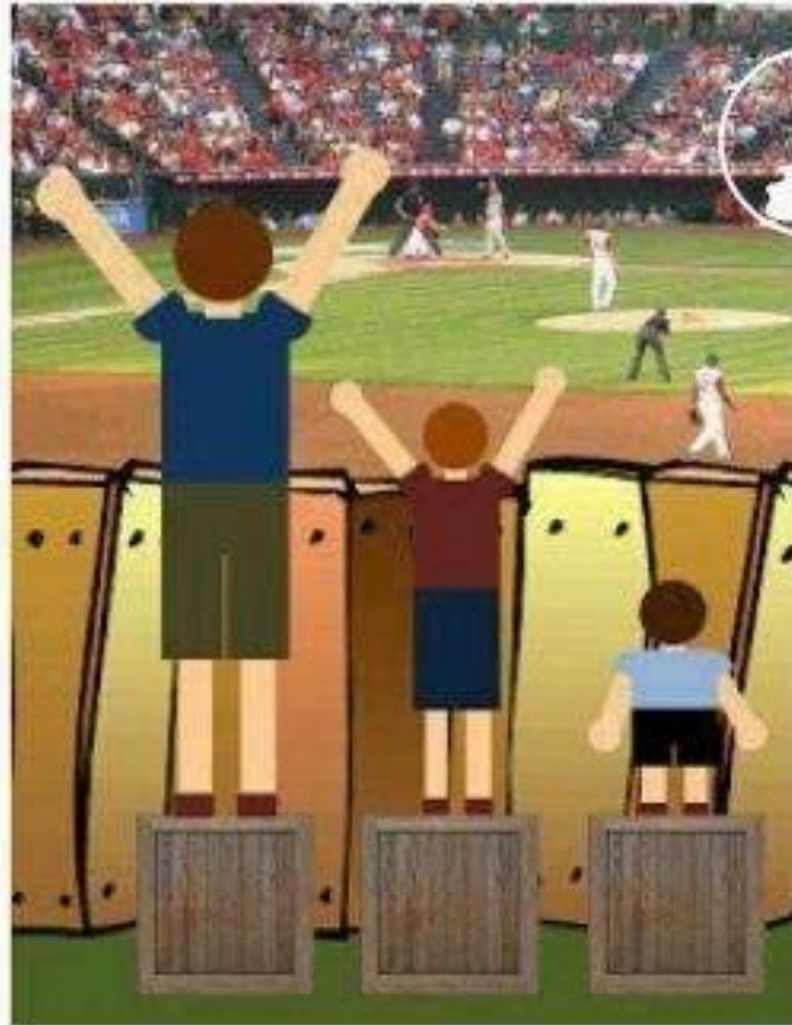
access



What Factors Need to be in Place for UHC?

- 1) Functional Health System-meets national priority needs
- 2) Affordability-system reduces burden on out of pocket costs
- 3) Access-essential medicines and technologies to diagnose and treat
- 4) Fit-for-Purpose Health Workforce-well-trained, motivated workforce to provide services

Equality



Equity



Think PROGRESS

- P Place of residence
- R Race
- O Occupation
- G Gender
- R Religion
- E Education
- SS Socio-economic Status

UHC and Equity: Bringing it Home

ONE REASON THE U.S.
HAS NOT ACHIEVED MDG5:

**Racial Disparities in
Health Outcomes**

**BLACK WOMEN IN THE U.S. ARE DYING
AT A RATE 4X HIGHER THAN WHITE WOMEN**



Maternal Health Task
Force Infographic,
Accessed at:
<http://bit.ly/1TISseF>

Wealth-Health Connection

- In Nigeria, children from the wealthiest households are 13 times more likely to be vaccinated than those from the poorest households.
- In the Philippines, over 90 percent of women in the wealthiest households are assisted by a health professional at delivery, compared to only 25 percent of women in the poorest households.
- In Tanzania, HIV prevalence is three times higher among women in the wealthiest households (11.4 percent) compared to those in the poorest households (2.8 percent).
- See more at: <http://dhsprogram.com/topics/wealth-index/Index.cfm#sthash.ug4bGnpy.dpuf>

How Do You Make it Happen?

1. Use data: identify inequities in health outcomes and magnitude of differences
2. Understand underlying issues and barriers
3. Identify the disadvantaged group to focus on
4. Decide what is possible in the project to change
5. Define equity goals
6. Determine equity strategy and activities
7. Develop an equity-focused M&E system

iEQUITYTOOL

THE EQUITYTOOL

INTRODUCING THE

iEQUITYTOOL

A SIMPLE WAY TO ASSESS IF YOUR PROGRAM IS REACHING THE POOR.

SIGN UP

LOG IN

Accessed:

<http://www.equitytool.org/>

Type of Inequity to Examine	Indicators of Interest	Affected Groups	Potential Sources of Information	Magnitude of Differences (examples)
Outcomes: Maternal Mortality	Mortality rates by: <ul style="list-style-type: none"> - age - residence - education 	<ul style="list-style-type: none"> - Young mothers - Rural populations - Women without secondary school 	DHS MICS KPC	Mothers under age 25 die 30% more than older mothers
Coverage: Immunization Coverage	DPT coverage by: <ul style="list-style-type: none"> - geographic area - ethnicity - gender - SES 	<ul style="list-style-type: none"> - Rural populations - Ethnic minorities - Girls 	DHS MICS SES Profile	90% coverage for households in the upper two quintiles versus 56% for households in the lower three quintiles
Coverage: Antenatal care	4+ ANC visits by: <ul style="list-style-type: none"> - literacy - ethnicity 	<ul style="list-style-type: none"> - Uneducated - Indigenous groups 	DHS Focus groups	Only 20% coverage for households speaking indigenous languages compared to 80% of Spanish-speaking households
Quality: Adherence to EmOC protocols	Quality of Care indicators	-Rural populations	Facility Audits Supervision	Only X% rural health posts meet quality standards as compared to Y% of urban facilities
Responsiveness of services: Youth Sensitive services	Availability of youth-oriented reproductive and sexual health services <ul style="list-style-type: none"> - Signaled by other indicators like “FP need met” by age 	-Women under 25	DHS MICS KPC	Unmet need for family planning is X% higher for unmarried women than married women

Fishbowl Instructions: Leaders' Take Leaps!



UHC and Equity Fishbowl Question:

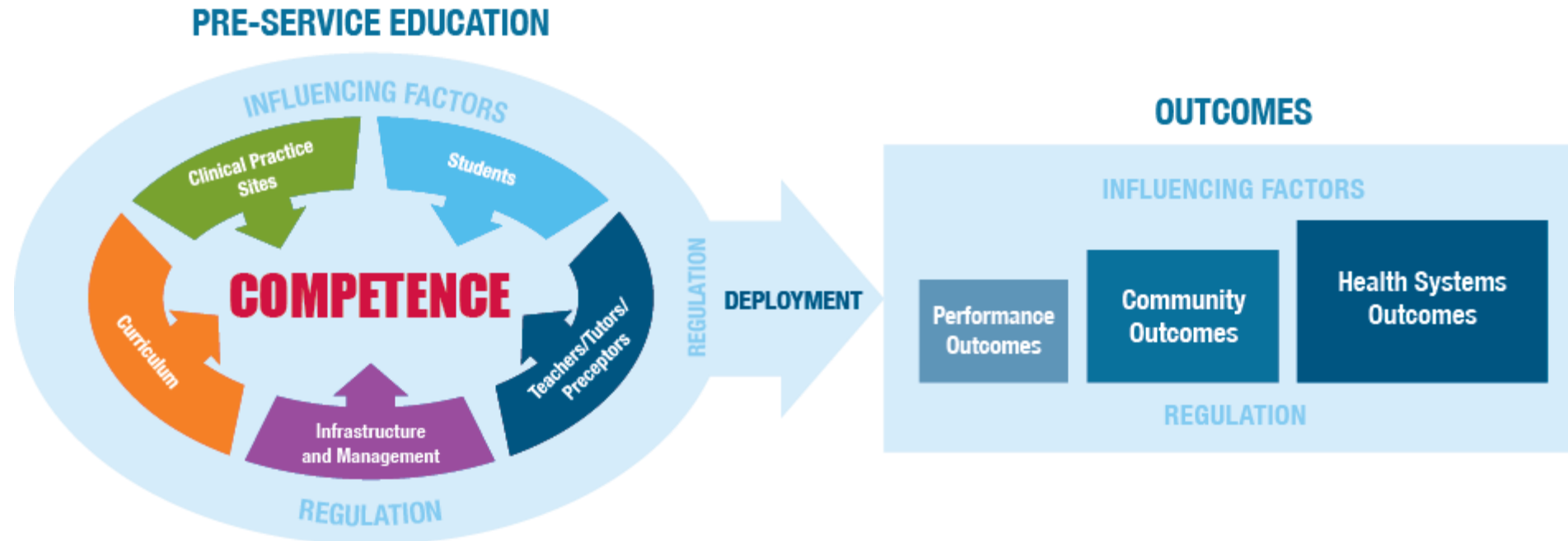
What reflections or experiences related to UHC and equity would you like to share?

How could you apply some of these strategies to your current work?

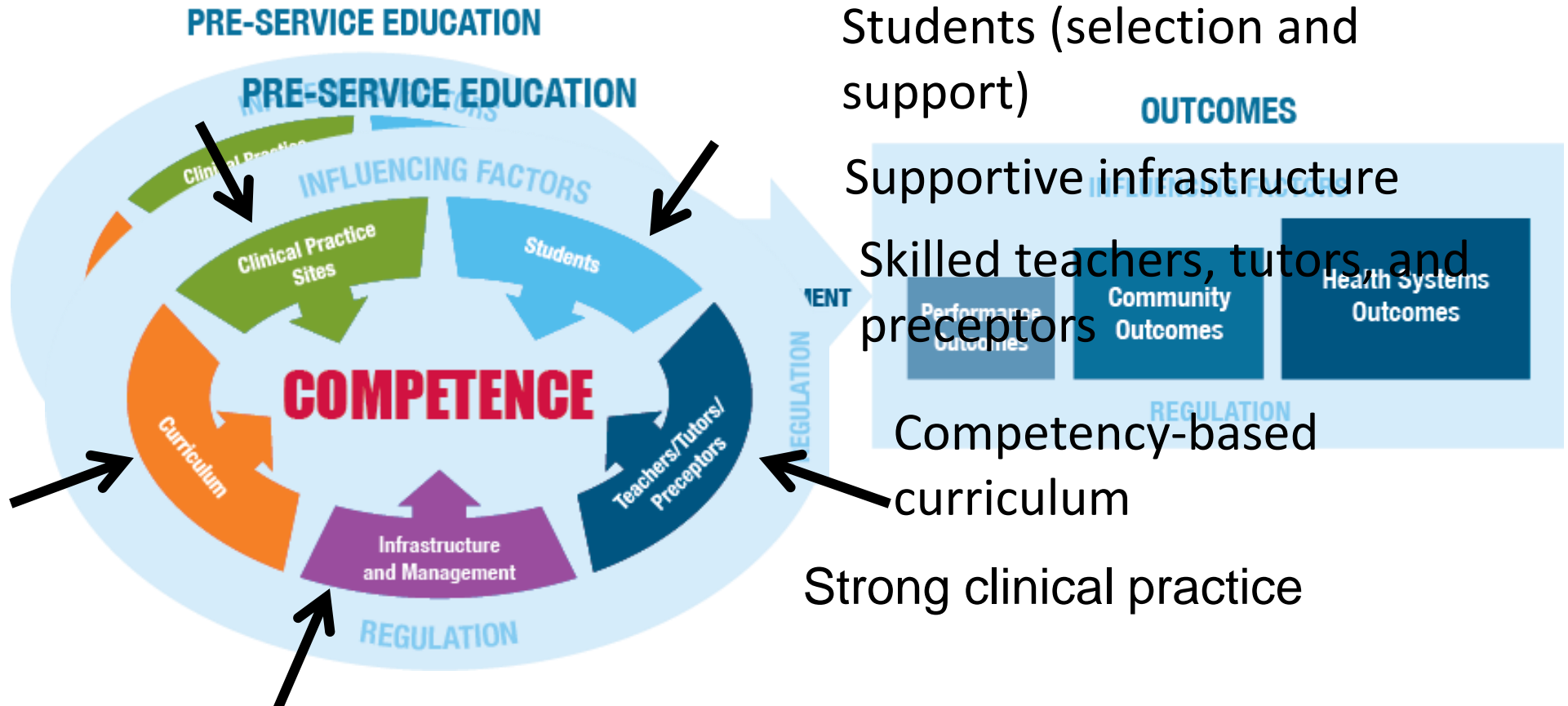
Creating a Fit-For-Purpose Health Workforce



Pre-Service Conceptual Model



Direct influences on competence



Students

Which of the following was found to contribute to student retention in the academic program?

- a) Gender
- b) Interest in the profession
- c) Life experience

Students

Which of the following was found to contribute to student retention in rural or low-resource settings post-graduation?

- a) Targeted recruitment from those communities
- b) Prioritizing female gender in selection
- c) Team-based education (different professions together)

Teachers/Tutors & Preceptors

The review of the literature identified that the preceptor/clinical mentor role is **LESS** important than having a classroom teacher who is also clinically proficient, true or false?

False

Clinical Practice Sites

There is evidence to support which of the following:

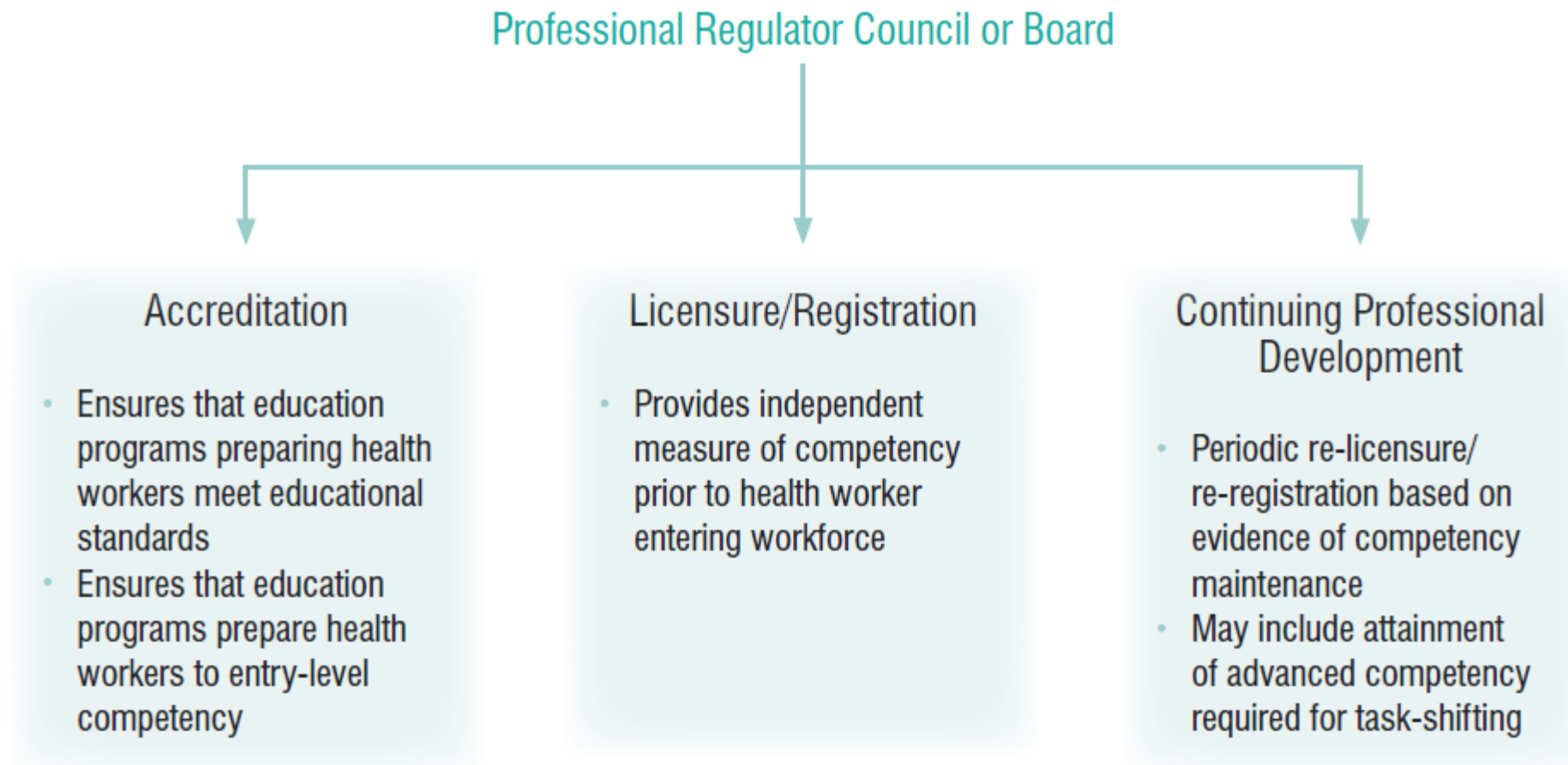
- a) Including lectures within clinical practice time
- b) Early exposure and varied clinical practice opportunities
- c) Clinical practice using peer-to-peer supervision

Want to learn more?

The screenshot shows the ReproLine Plus website interface. At the top left is the ReproLine Plus logo with the tagline 'The source for technical expertise in global health practice'. To the right is the Jhpiego logo with the text 'Brought to you by Jhpiego an affiliate of Johns Hopkins University'. A search bar is located in the top right corner. Below the logo is a navigation menu with four tabs: 'Technical & Program Resources', 'Trainer & Educator Resources', 'Learning Opportunities', and 'Discussion & Collaboration'. The main content area features the title 'The Health Impacts of Pre-Service Education: An Integrative Review and Evidence-Based Conceptual Model'. Below the title is a section for 'ADDITIONAL INFORMATION' which includes a thumbnail of the report cover. To the right of the thumbnail is the report's metadata: 'Report (Published September, 2012) • Fogarty, L. (Author), Johnson, P. (Author), Bluestone, J. (Author), Drake, M. (Author), Rawlins B (Author), Fullerton, J. (Author), Merriman, C. (Editor)'. Below this is a social media interaction bar showing '0 votes', '0 comments', and '5198 views'. A short summary follows: 'This integrative review of the literature was undertaken to examine what is presently known about the various factors that influence the quality of pre-service education programs.' Below the summary is a 'Downloads for this Resource' section with a table listing the file 'Pre-Service Education Review Report' with a size of 660.46 KB. To the right of the main content is a 'RELATED RESOURCES' section with a link to 'Effective In-Service Training Techniques, Frequency, Setting and Media: Evidence from an Integrative Review of the Literature' showing '0 comments | 7,171 views'.

<http://reprolineplus.org/resources/health-impacts-pre-service-education-integrative-review-and-evidence-based-conceptual>

Figure: Regulation of health professions education



WHO, Transformative Education for Health Professionals, Policy Brief on Accreditation of Institutions for Health Professional Education”

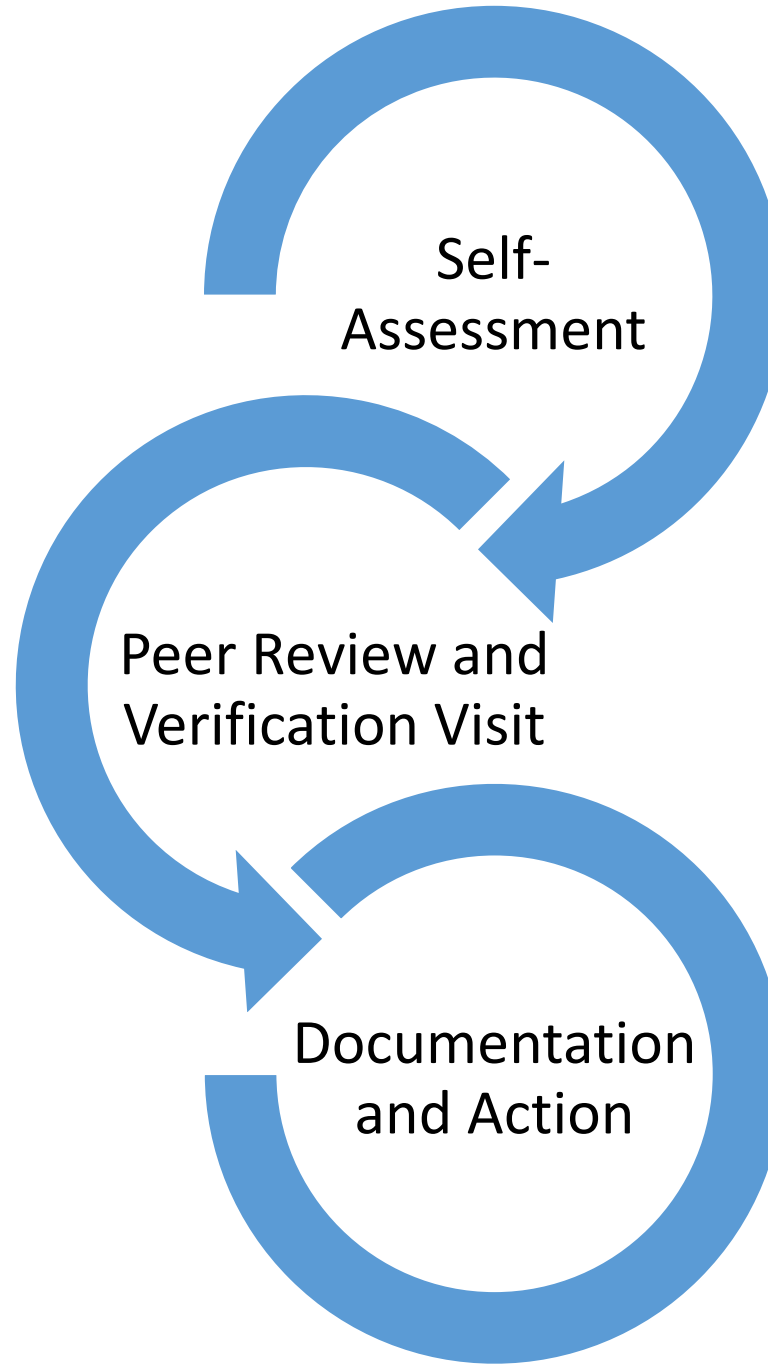
<http://whoeducationguidelines.org/content/policy-briefs>

Definition of Accreditation

A process of *review and approval* by governmental, non-governmental, voluntary or other statutory body grants a *time limited recognition* that an institution, programme or specific service for recognition have *met certain established standards for structure, function and performance*.

Accreditation -- Fadwa Affara

Accreditation Process





Health Care Professional and Occupational Regulation Toolkit

ADDITIONAL INFORMATION

Language:

> English

Cadre:

> Policymakers


Relevant Programmatic Approaches:

> Health Systems Development

Region:

> Global

Toolkit (Published December, 2013)

 0 votes  0 comments  7024 views

Effective professional and regulatory organizations contribute to the safety and welfare of the public by promoting quality practitioners through the establishment of registration systems and assurance of the competence of health care workers. This regulatory toolkit provides a comprehensive package of foundational regulatory information and tools that can guide stakeholders in processes such as task analysis or regulatory situational analysis in order to strengthen regulatory activities. The underpinning principles of the toolkit are to provide resources to regulators of health care professionals and to assist in operationalizing key international regulatory documents, and in turn, strengthen professional practice.

Primary Objectives of the Regulation Toolkit:

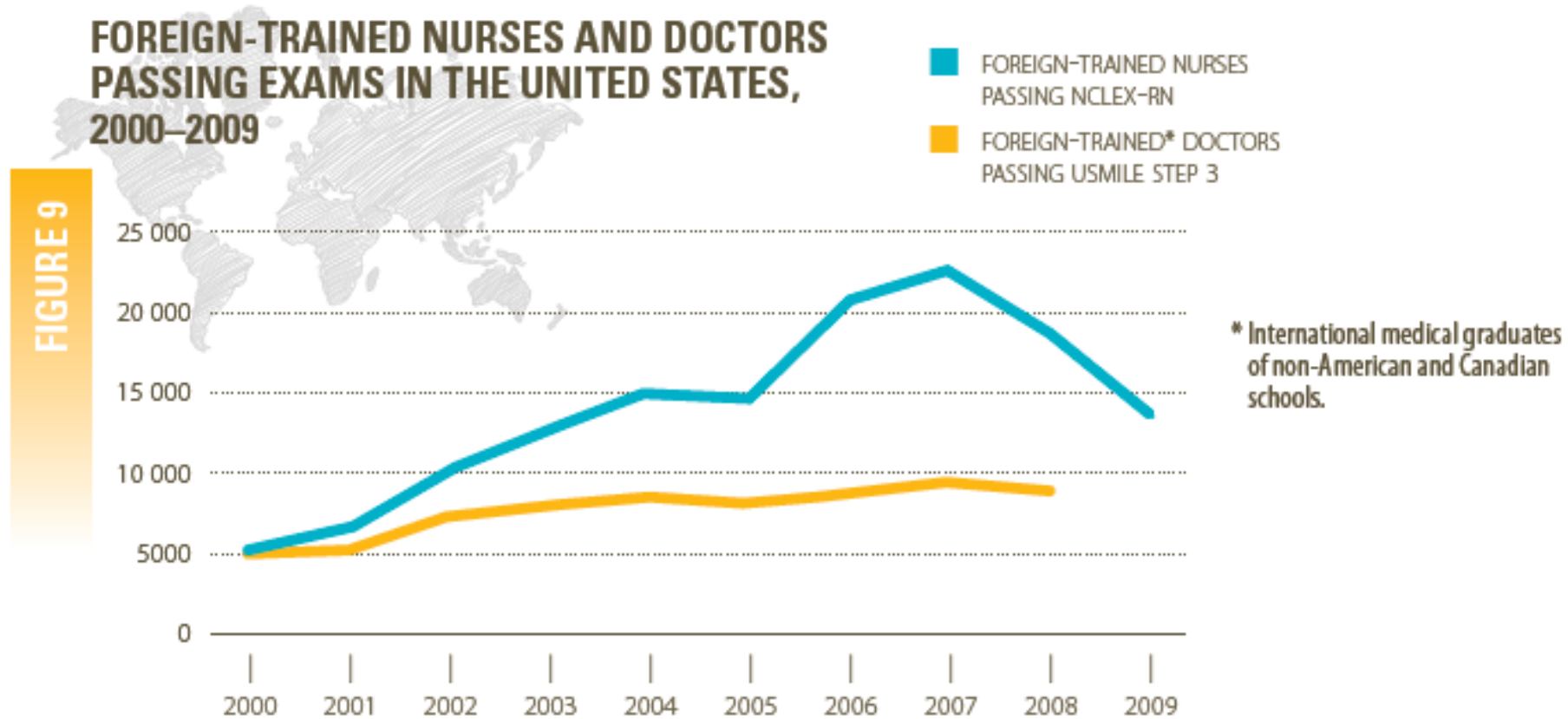
1. Provide a resource for regulators so they have an understanding of the nature, dimensions, and methods of regulation and the capacity to implement regulatory systems
2. Foster a general understanding of regulation for various stakeholders

In this regulatory tool kit, we examine the principles and tools of the regulation of health care professionals. The toolkit also provides resources to help organizations implement or update organizations' regulations. The toolkit provides information, best practices, and examples and templates that can be adapted for your use.

Resources in the Regulation Toolkit

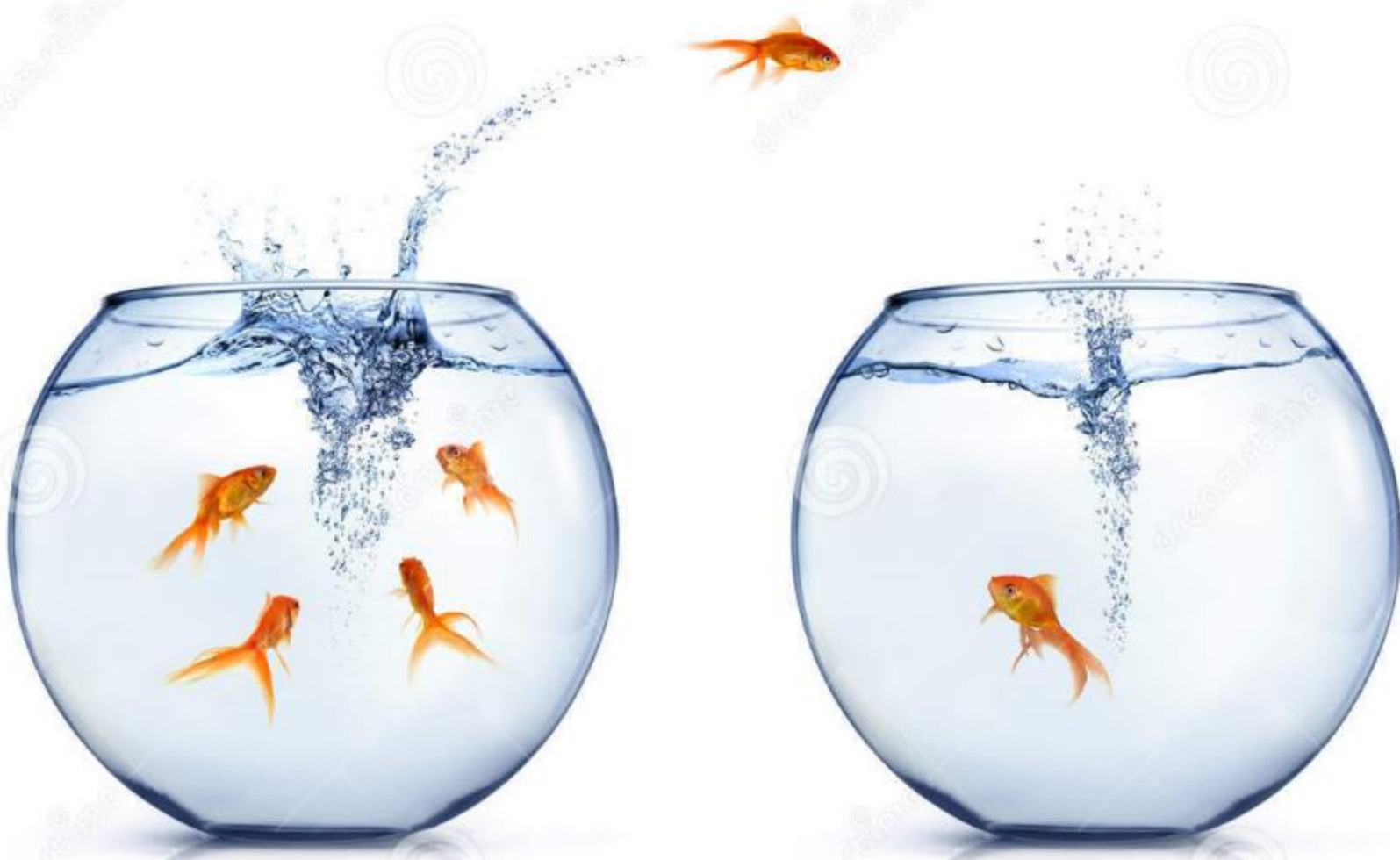
Section 1: Fundamentals of Regulating Health Care Professions and Occupations

Health Worker Migration



Source: National Council of State Boards of Nursing (NCSBN), United States.

Fishbowl Instructions: Leaders' Take Leaps!

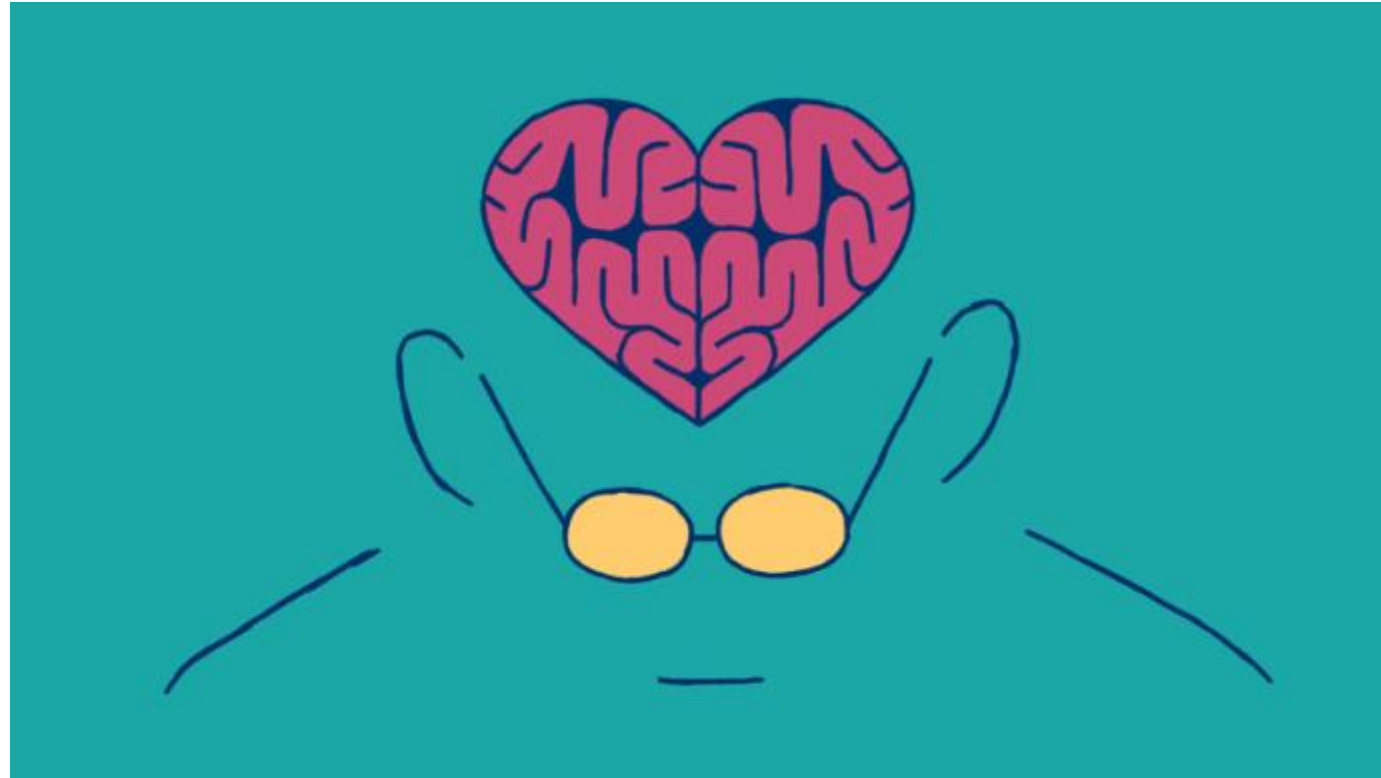


Health Workforce Fishbowl Question:

1. Accreditation and licensure are critical to ensure quality, yet rarely in place-what comments or suggestions do you have on this topic?

Health Workforce Fishbowl Question:

2. What experience or reflections do you have on retaining and ensuring decent working conditions for health workers?



Tolstoy asserted that *“one can live magnificently in this world if one knows how to work and how to love.”* Freud said, *“love and work... work and love, that’s all there is.”*

Links and Twitter Feeds:

Following the SDG's:

- URL: <https://sustainabledevelopment.un.org/post2015/transformingourworld>
- Twitter: [@GlobalGoalsUN](https://twitter.com/GlobalGoalsUN)
- Universal Health Coverage: URL: http://www.who.int/universal_health_coverage/en/
- Equity: WHO, <http://www.who.int/healthsystems/topics/equity/en/>.

Health Professional Occupational Regulation Toolkit, Jhpiego <http://reprolineplus.org/resources/health-care-professional-and-occupational-regulation-toolkit>

Health Workforce advocates on Twitter:

- Jim Campbell, WHO: @JimC_HRH
- Tana Wuliji, WHO: @TanaWuliji