

THE ROLE OF WELL-STRUCTURED PUBLIC HEALTH IN DELIVERING QUALITY SERVICES FOR A CHRONIC DISEASE

PRESENTATION ON THE OCCASION
OF THE OFFICIAL VISIT OF PAKISTANI DELEGATION
TO THE REPUBLIC OF CYPRUS



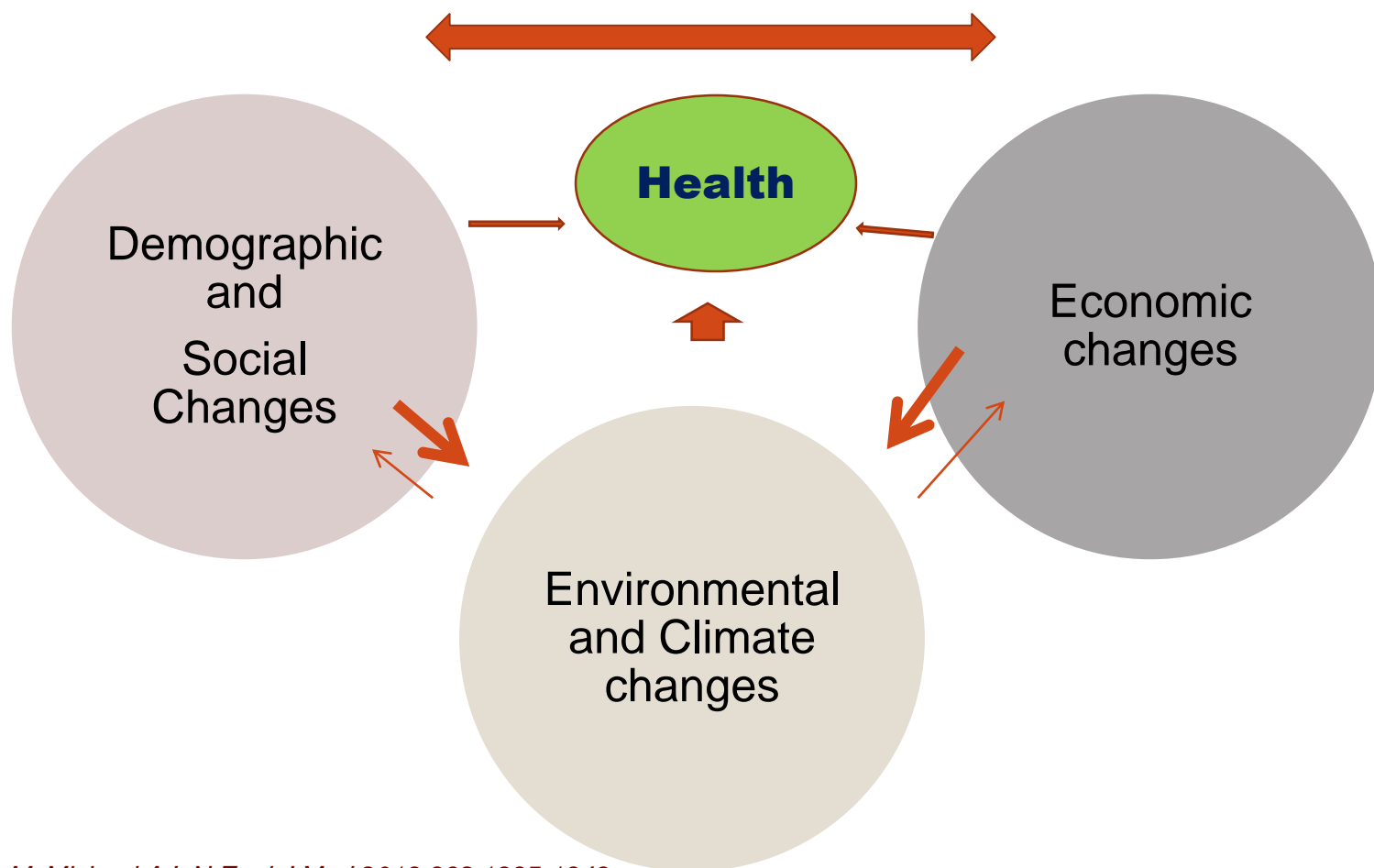
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PUBLIC HEALTH

Public Health “...the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort...”

2

GLOBAL INFLUENCES ON HEALTH



Adapted from McMichael AJ. N Engl J Med 2013;368:1335-1343

CONCEPTS: DETERMINANTS OF HEALTH

“The range of personal, social, economic and environmental factors which determine the health status of individuals or populations.”

(WHO Health Promotion Glossary)

KEY DETERMINANTS OF HEALTH

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment/Working Conditions
5. Social Environments
6. Physical Environments
7. Personal Health Practices and Coping Skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture

OTHER DETERMINANTS OF HEALTH

- Gap between rich & poor
- Discrimination
- Life-long learning opportunities
- Meaningful work opportunities with some control over decision-making
- Social relationships that respect diversity
- Freedom from violence or its threat

DELIVERING EFFECTIVE HEALTH INTERVENTIONS OVER A LIFE COURSE

Health System designed to deliver effective clinical and public health interventions

Counselling & Education

- Diet and exercise
- Smoking cessation

Clinical Interventions

- New therapies
- Dissemination and implementation

Protective Interventions

- Vaccinations
- Micronutrient supplementation
- Bednets

Enabling Environment

- Legislation for safe driving
- Smoking restriction
- Public health Infrastructure

Socio-economic Interventions

- Decrease poverty
- Employment

PRESENT PUBLIC HEALTH REALITIES IN DEVELOPED COUNTRIES

AFFLUENCE
HIGH INCOME
LAW IMR
WELL ORG. HCS
GOVERNMENT
ADMINISTRATION
EFFICIENCY OF THE
SYSTEM
EQUITY IN ACCESS
AND FINANCING

HIGH LIFE
EXPECTANCY



CHR. DISEASES
CARDIOVASCULAR
CANCER
DIABETES

PRESENT PUBLIC HEALTH REALITIES IN LESS DEVELOPED COUNTRIES

POVERTY
LOW INCOME
HIGH IMR
BADLY ORG. HCS
GOVERNMENT
ADMINISTRATION
INEFFICIENCY OF THE
SYSTEM
INEQUITY IN ACCESS
AND FINANCING

INF. DISEASES
**SHORT
LIFE EXPECT.**

CYPRUS MOH NATIONAL STRATEGIES(NS) POPULATION BASED SCREENING PROGRAMS

- Mammography
(Females 50-69 years, free since 2003)
- Colorectal cancer(Developed National Strategy)
- Pap test
- Haemoglobinopathies

Before marriage and counseling

CYPRUS MOH NATIONAL STRATEGIES (NS) (2)

- NS for Breast Feeding (2011)
- NS for Cancer (2009)
- NS for Autoimmune Diseases
- NS for control of smoking
- NS for DM
- NS for TB in Cyprus
- NS for dementia
- NS for children's Accidents and poisoning.

CYPRUS SCHOOL HEALTH SERVICES

- Purpose: Health promotion, disease prevention and wellbeing school children
- Developed in 1976 following a Ministerial Council Decision
- A Strategic Plan for upgrading SHS is due for Ministerial Council approval later this week

ACTIVITIES:

- Screening test and follow up of children with health problems
- Healthy lifestyle and behavior of school children
- Healthy school environment
- Prevention infectious diseases (vaccinations, school hygiene, measures in case of meningitis etc.)

EUROPEAN NETWORK HEALTH PROMOTING SCHOOLS

- Cyprus participates to this European Network since 1995
- Collaboration with Ministry of Education and Culture
- Introduction of health promoting activities to everyday school activities

NUTRITION

- National Committee Healthy Lifestyle
- Surveys on healthy eating habits
- Programs in schools Healthy Breakfast/
Mediterranean Diet
- Participation to various European Projects
- Campaigns for the public related to healthy nutrition

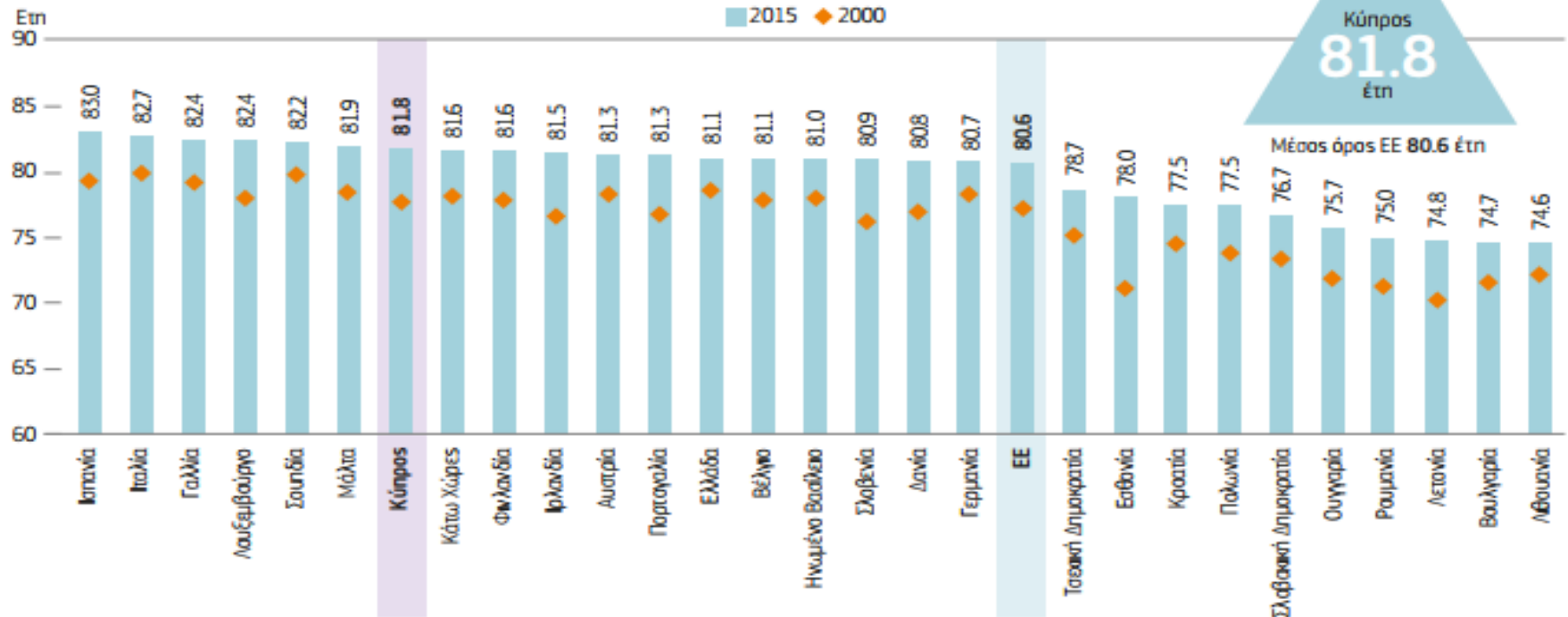
SMOKING

- Smoking cessation clinics Since 2003,
 - success rate 62% the first year
- New legislation for forbidding the smoking in public places.

CYPRUS: HEALTH PROFILE 2017

PUBLISHED ON NOVEMBER 23, 2017

Σχήμα 1. Οι Κύπριοι ζουν περισσότερο από τον μέσο όρο της ΕΕ



Πηγή: Βάση δεδομένων της Eurostat.

THE CYPRUS HEALTHCARE SYSTEM

Roots

- BORN FROM THE BRITISH COLONIAL SYSTEM
(1879 – 1960 CYPRUS COLONY OF GB)
- SEVERE DAMAGE OF THE SYSTEM IN 1974
- 1/3 OF THE POPULATION REFUGEES .

Type -- Mixed system

- A. PUBLIC
- B. PRIVATE
- C. EMPLOYERS - EMPLOYEES HEALTH FUNDS.

THE CYPRUS HEALTH CARE SYSTEM

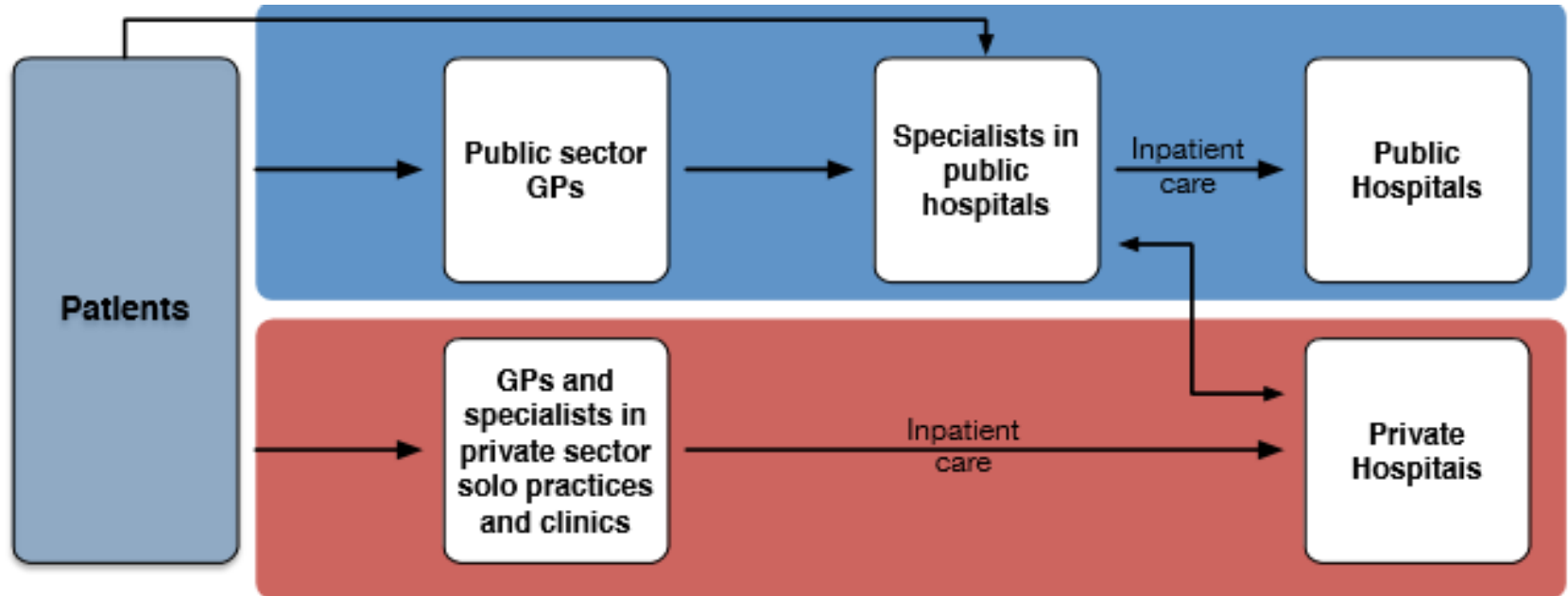


Figure 3. Patient pathway in public and private sector.

CURRENT HEALTHCARE SYSTEM SUFFERS FROM 3 MAIN DEFICIENCIES



1

Lack of coordination between private and public sector

- Uncoordinated public and private healthcare sector development with no supply management based on real demand, leading to wastage and duplication
- Decreasing quality perception in healthcare provision, especially in the public sector
- Lack of measurement of identical, standardized quality indicators in both public and private sector
- Lack of a co-ordinated primary care system

2

High individual financial burden and lack of financial control

- No transparency on volumes and costs of medical services rendered, resulting in uncontrolled rise of public and private sector spending
- Poor public hospital organization
- Excessive out-of-pocket payments in the private sector despite financial coverage for majority of population for the public sector

3

Lack of independent body managing the healthcare system

- Triple role of Ministry of Health (policy maker, regulator & provider) resulting in a conflict of interest to push efficiency improvement

Chart 1 – Out-of-Pocket Expenditure

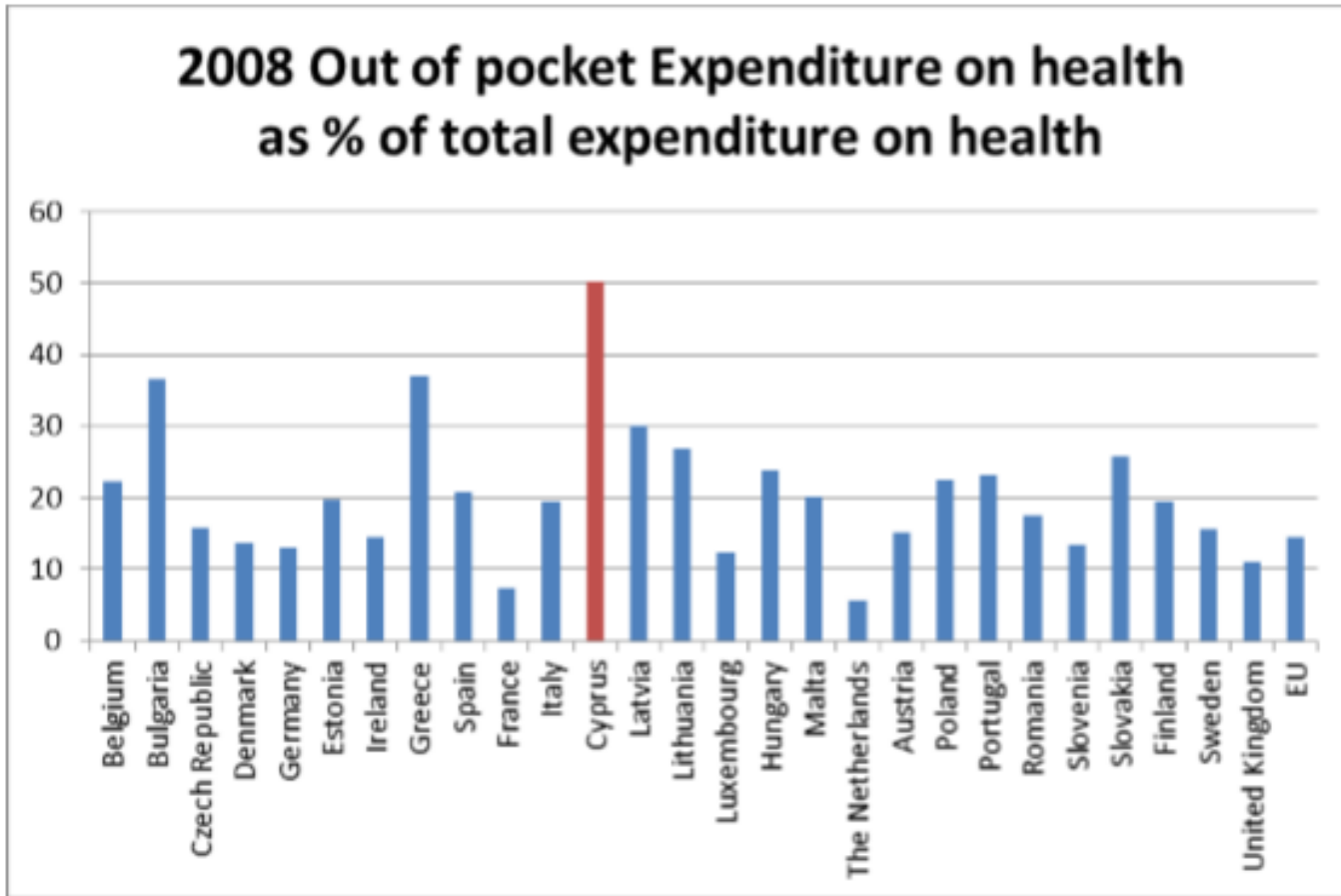
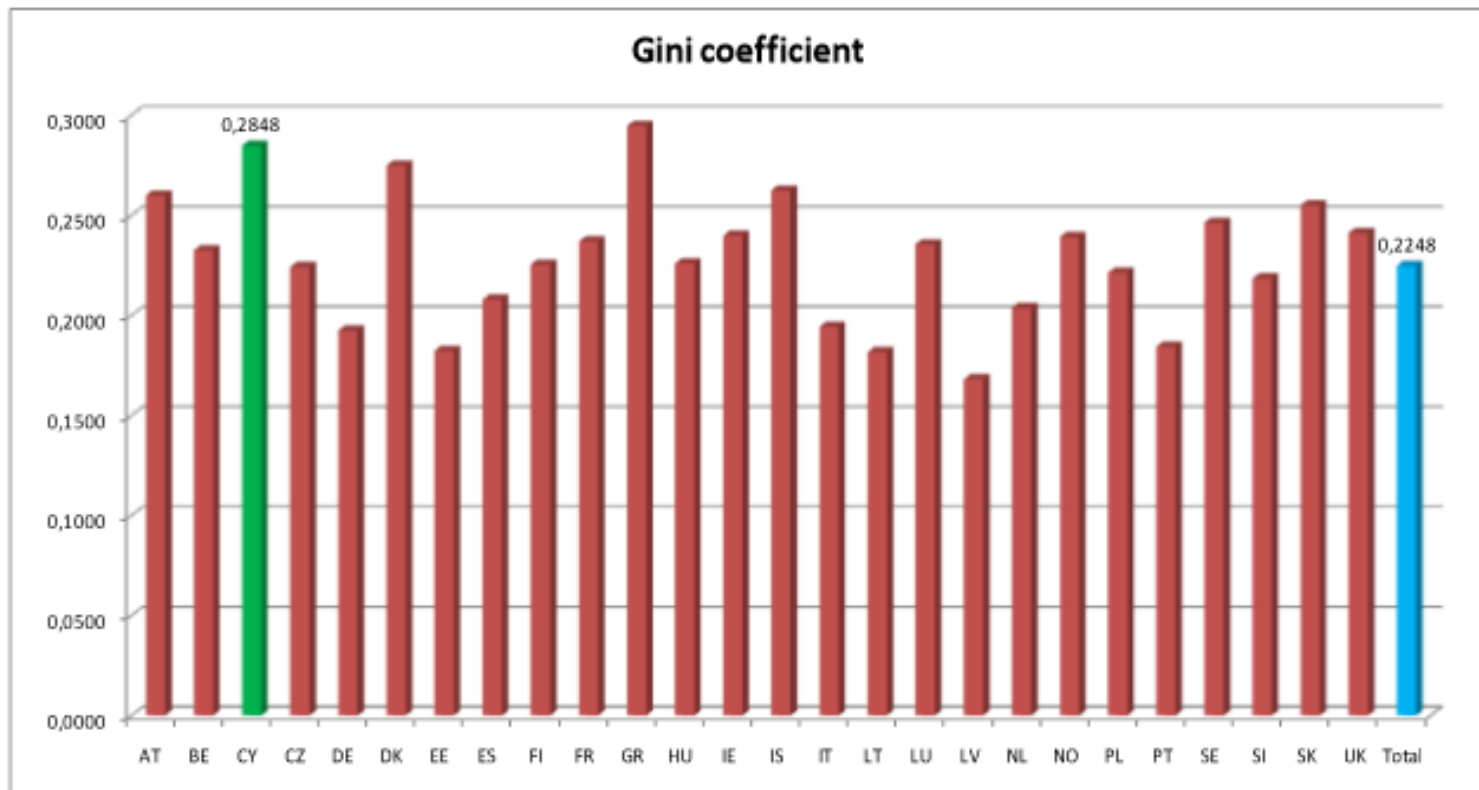


Chart 8 – Health Inequalities Index

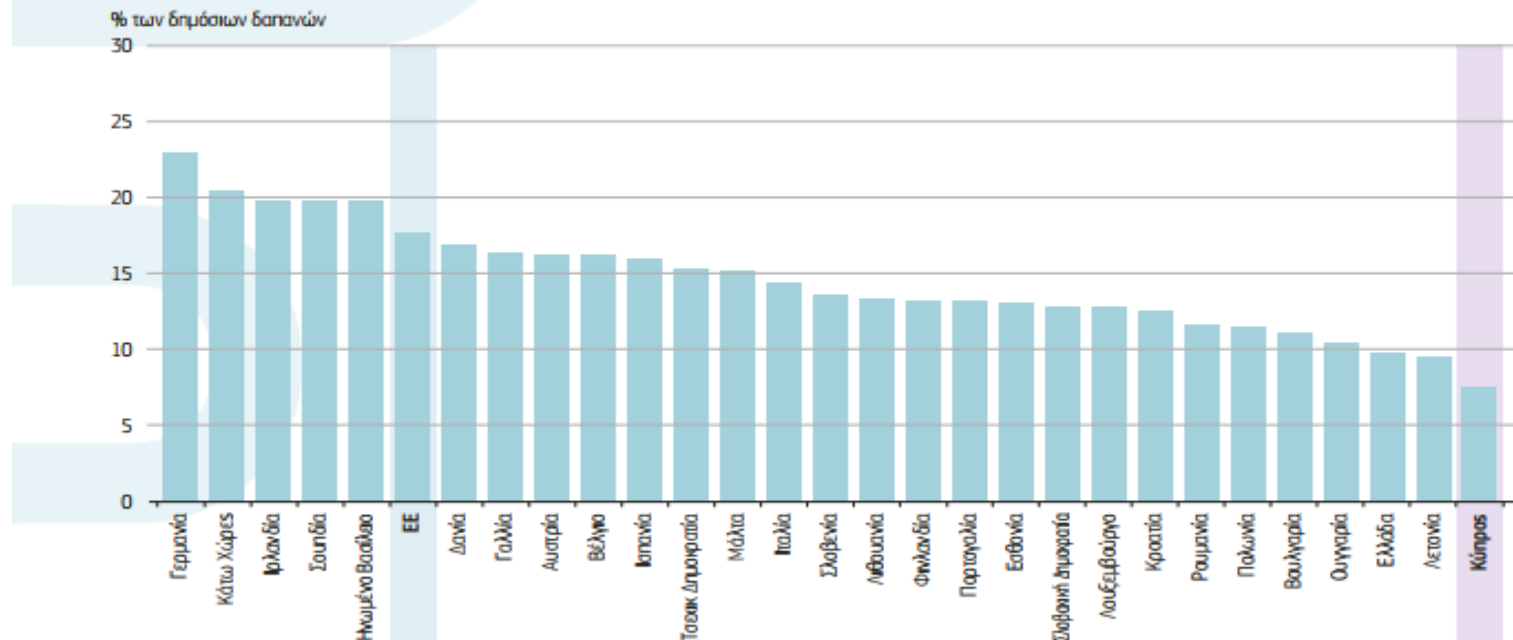


Source : European Commission, Eurostat

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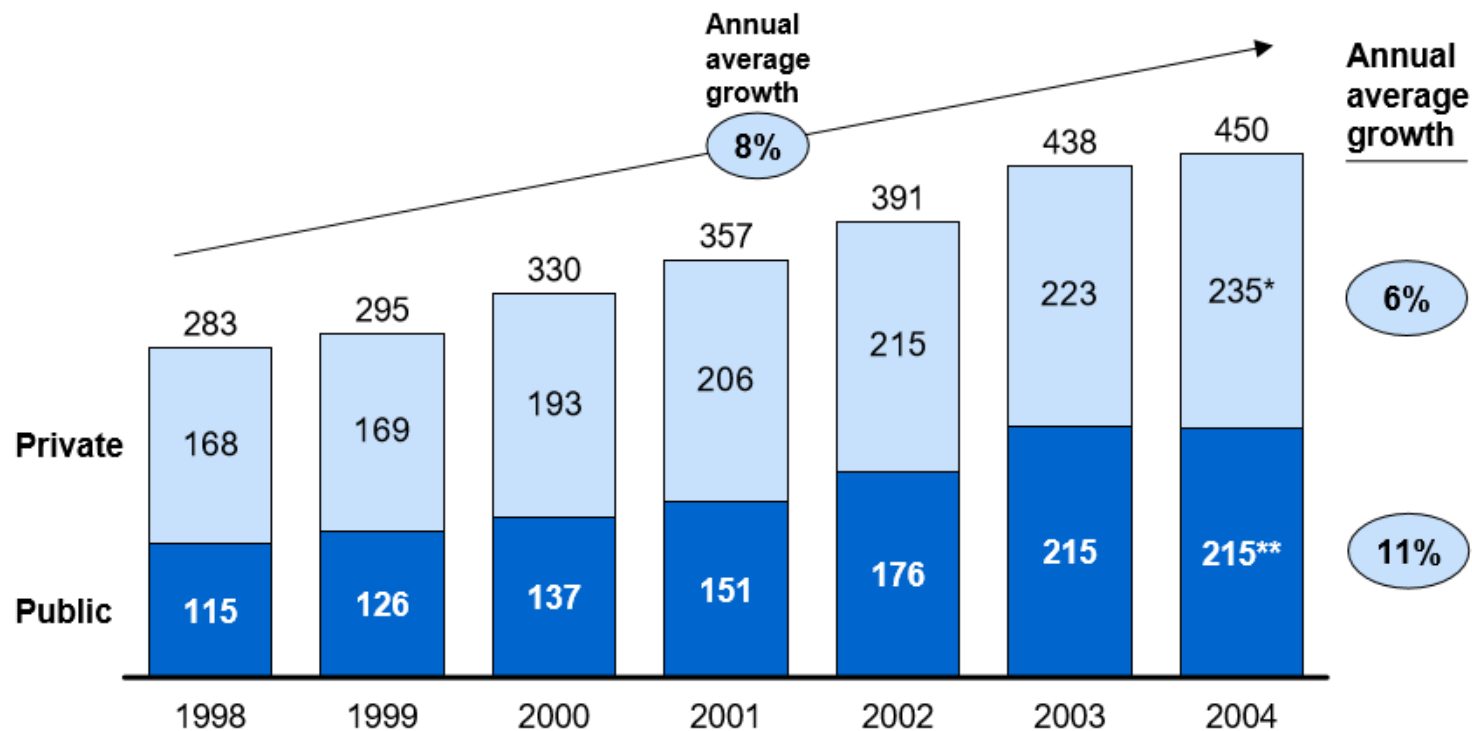
Σχήμα 7. Η Κύπρος διαθέτει το μικρότερο ποσοστό των δημόσιων δαπανών της για την υγεία από κάθε άλλο κράτος μέλος της ΕΕ



Πηγές: Στατιστικές του ΟΟΣΑ για την υγεία, βάση δεδομένων της Eurostat, βάση δεδομένων του ΠΟΥ για τις δαπάνες υγείας σε παγκόσμιο επίπεδο (τα στοιχεία αφορούν το 2015).

CURRENT HEALTH SYSTEM IS NOT SUSTAINABLE

CYP million



- Public sector is growing at a double digit rate, not taking into account the operating costs involved from the new General Hospital of Nicosia
- At this pace, the public sector will reach levels where the government budget will be unable to sustain it

* CYP 235m includes optical and other non-applicable goods, CYP 219m is the actual medical revenue

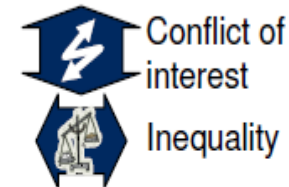
** 2006 budget is CYP 248m

Source: Statistical Service, team analysis

CYPRUS MINISTRY OF HEALTH ROLE

- Formulates national health policies
- Coordinates the activities of both the private and the public sector
- Regulates health care standards and promotes the enactment of relevant legislation.
- Provider of HealthCare.

3 THE MINISTRY OF HEALTH HAS A CONFLICT OF INTEREST BEING A POLICY MAKER, A REGULATOR AND AN OPERATOR



Policy making and regulation



- Policy making and regulation performed by the Ministry of Health
- Regulation activities focusing on private sector providers



Public sector healthcare delivery



Public sector healthcare providers are directly managed by the Ministry of Health

- Finances
- Infrastructure
- Human Resources

Private sector healthcare delivery



Private sector

- Fully self-dependent financially
- Partially under specific government scrutiny (infrastructure, not functioning)



- Ministry of Health acting as a policy maker, a regulator and a provider creating a conflict of interest leading to
 - Inequality between the public and the private providers due to discriminating regulation
 - An overall under-developed governance of the Ministry of Health over public providers

HEALTHCARE REFORMS

- Introduction of NHIS
- Organisational restructuring of the Ministry of Health
- Administrative separation of Primary from Secondary Health Care
- Hospital Autonomy

The role of well-structured Public Health in delivering quality services for a chronic disease

- * Thalassaemia was not diagnosed in Cyprus before 1944
- * It was quickly realized that, the cost of red blood cell transfusions and treatment would consume the entire health care budget of Cyprus
- * Require all of the blood that the island could supply, even supposing that 40 percent of the adults would enlist as regular blood donors.

CYPRUS TODAY

- * Almost zero births with Thalassaemia.
- * Surviving over 65
- * Chronic Diseases consequences

PAKISTAN TODAY

- * Thalassaemia major Public Health Problem
- * Needs careful planning at National level
- * Mobilization of all available resources,
human, financial, NGOs etc.
- * Use international experience (WHO, TIF)

The role of well-structured Public Health in delivering quality services for a chronic disease

- * Over the next decade it will be essential to make the Thalassaemia problem more visible to governments.
- * require detailed population surveys to determine the gene frequencies of the important forms of Thalassaemia
- * better understanding of their natural history and of the factors that modify their clinical phenotypes.
- * learning about the natural history and ways of managing the intermediate forms of beta Thalassaemia.

Thalassaemia in Pakistan – Yes We Can Eradicate!

- * Pakistan, with a total population of 180 million people
- * High infant mortality rate.
- * One in ten of all childhood deaths in Pakistan are due to **Thalassaemia**.
- * There are approximately nine million carriers of **beta- thalassaemia**,
- * Resulting in more than **5000 transfusion**
- * Ignorance of this matter has devastating effects
- * The sooner realize the significance of the mentioned figures, the better it is.
- * The number of Thalassaemia patients has surpassed 2.5 million in the country and **every year 6000 children are falling prey of this lethal if left untreated disease.**

PUBLIC HEALTH INTERVENTION TO TO CONTROL CHRONIC DISEASES

- * VISION**
- * STRATEGY**
- * PLANNING**
- * LEADERSHIP**
- * FINANCIAL RESOURCES**
- * HUMAN RESOURCES**
- * MOBILISATION OF RESOURCES**
- * COMMUNICATION OF THE PROBLEM**
- * DEVELOP A GOOD INFORMATION SYSTEM**
- * SUSTAINABILITY**

HEALTHCARE SYSTEMS

- * EQUITY IN ACCESS AND FINANCING
- * UNIVERSAL COVERAGE
- * AFFORDABLE COST
- * EFFICIENCY
- * CARE ABOUT QUALITY

- * COUNTRY'S DEVELOPMENT LEVEL
- * TRADITION
- * EXPECTATIONS
- * INDIVIDUAL BEHAVIOUR

THERE AREN'T ANY IDENTICAL HEALTHCARE SYSTEMS

QUESTION

GIVEN THE ABOVE, WHAT WOULD BE THE ELEMENTS OF AN EFFICIENT AND EFFECTIVE HEALTHCARE SYSTEM TO TACKLE CHRONIC DISEASE BURDEN IN PAKISTAN?

LET'S COMBINE TIF'S NATIONAL AND INTERNATIONAL EXPERTISE TO ASSIST IN FACING THE PROBLEM

Chart 7 – Health Life Year v Healthcare Expenditure



Health Spending

