

PENN GLOBAL HEALTH CAREER DAY
***Models for Global Health: South-South
Partnerships***

***Global Health: A Perspective from
the South***

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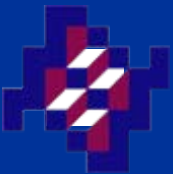
- ◆ Global health and public health
- ◆ Global governance and health system strengthening
- ◆ Global health from the South
 - The Mesoamerican Public Health System and Institute
 - A proposal for binational health insurance



What is global health?

The transnational impacts of globalization upon health determinants and health problems

- ◆ Beyond the control of individual nations
- ◆ defy control by the institutions of individual countries



What is global health?

- ◆ An area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide
 - Emphasizes transnational health issues, determinants, and solutions
 - Interdisciplinary
 - synthesis of population based prevention with individual-level clinical care



Towards a redesigned global health system to attain the optimum level of population health

- ◆ Pandemic challenges
- ◆ Ageing of populations
- ◆ Cross-national comparisons
- ◆ Globalization of the workforce

Fried, Bentley , Buekens, Burke, Frenk, Klag & Spencer 2010.



Public health is global health for the public good

- ◆ Health as a human right
- ◆ Translation of knowledge into practice
- ◆ Integrated approaches in clinic, community, and government
- ◆ Interdisciplinary and collaborative analysis of population problems
- ◆ Multilevel systems-based interventions
- ◆ Comprehensive frameworks for financing and structuring health policies and services



Global and Regional Public Goods

- ◆ Application by groups of countries of common rules to address market and government failures
- ◆ Externalities across countries (neighborhood effect)
 - failure of national responses
 - e.g. cross-border malaria transmission inhibits elimination
- ◆ Overwhelming scale of the problem
 - Similar problems across countries
 - Economies of scale or scope are required
 - Failures due to low capacity or knowledge externalities
 - e.g. policy and program evaluations



GPG as massive incentives

- ◆ National PGs: massive government investments and incentives, coupled to small private expenditure and cooperative behavior
 - Public water networks deliver fluid through private intakes and regular fees
- ◆ Global health initiatives provide massive incentives
 - intervention priorities; policy dialogue
 - health system capacity strengthening
 - NGOs & demand generation
- ◆ National health policies and systems provide access goods
- ◆ GPG have to overcome free-riding and the prisoners dilemma across governments



Regional Public Good Governance

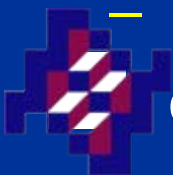
◆ Strategies

- Broad social participation in defining the RPG
- Agree on effective technical solutions
- Governments certify the public interest
- Strengthen the institutional framework for operation at all levels
- Ensure equitable and solidary contributions

◆ Outcome

- Internalize the externalities through the appropriation of the RPG agenda at all levels

**IADB, Regional Public Goods.
Case Studies. 2009**



Three types of RPG

◆ Weakest link

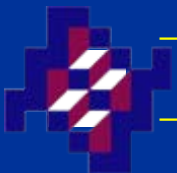
- Countries' individual responses are held back due to failure of weakest health system e.g. malaria control towards elimination
- Strategy: Strengthen capacity for policy response
- Outcome: the weakest link is participating fully

◆ Cross-country synergy

- All countries can benefit from co-ordinated response
- Strategy: Establish economy of scale with a wide base of participation
- Outcome: country efforts are effectively co-ordinated
- E.g. Regional immunization programs,

◆ Best option

- A single country can provide regional solutions
- E.g. regional laboratory
- Strategy: Country with the strongest capacity produces the RPG
- Outcome: Vertical integration established



Global health system capacity strengthening

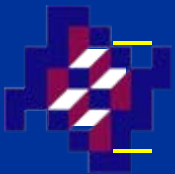
- ◆ Global health system governance failures responsible for lost opportunities
- ◆ Vertical programs can be critical for the introduction of highly standardized, effective interventions
- ◆ Strategic balance through systems thinking
 - Vertical approaches to reap strategic opportunities
 - District-level integration through PHC strengthening
 - Vertical program contributions to health system strengthening (Diagonal approach)
 - Common fund: harmonization & SWAp
 - National health reforms



Hsiao W., Siadat B. 2009; de Savigny & Adams, 2009.

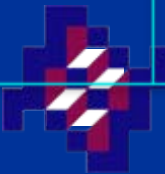
Health system integration

- ◆ Degree, modality and rate of adoption and eventual assimilation of health interventions into each of the health system components
- ◆ Different degrees of integration are desirable, based on
 - Nature of the problem
 - Intervention complexity
 - Actors and institutions
 - Internal health system features
 - Health system contexts

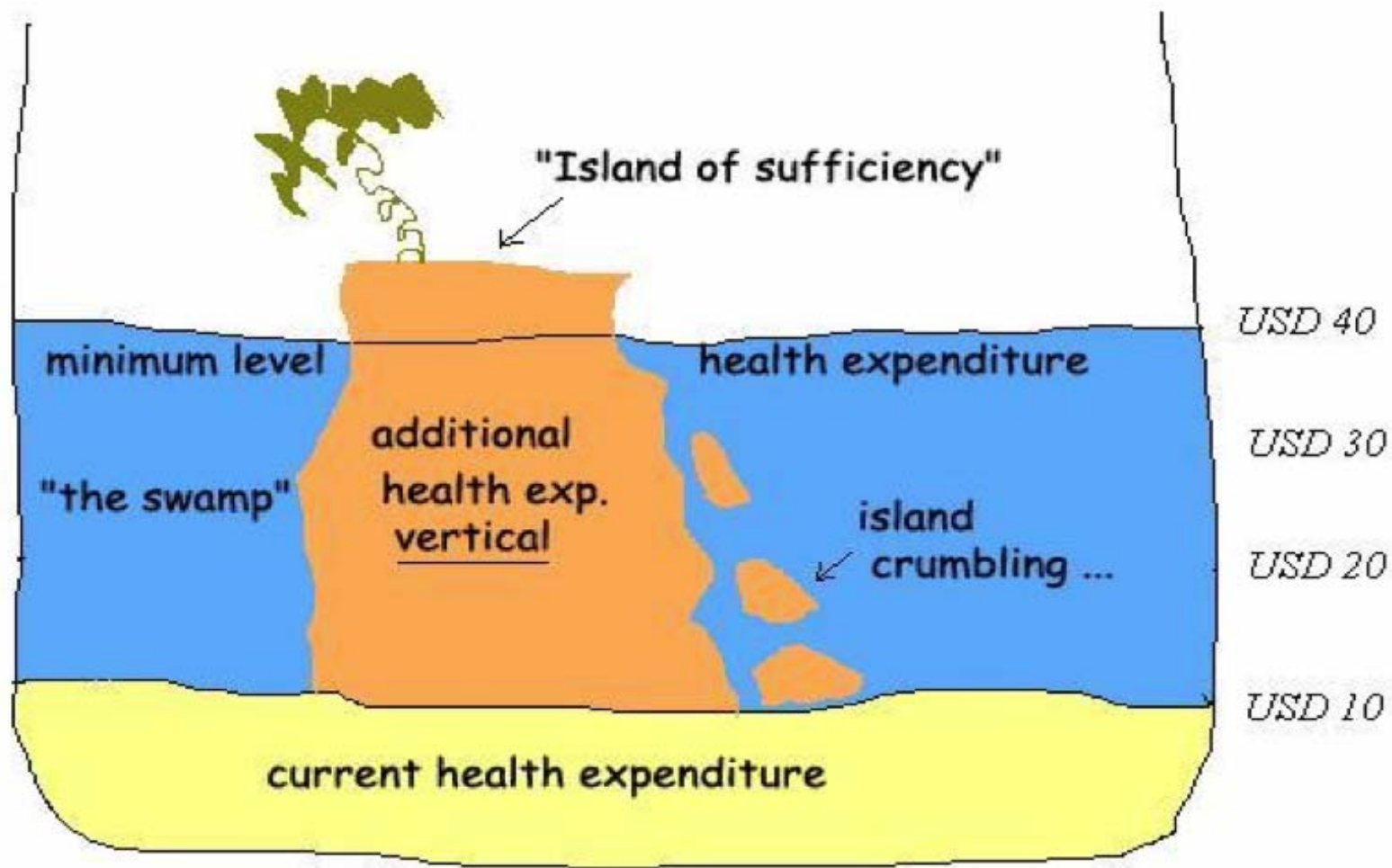


Health system strengthening framework

		INNOVATION		
		MORE Resources along existing channels	BETTER Use of already existing resources	NEW Health sector reforms
SCOPE	Health needs			
	Social groups			
	Life cycles			
	Interventions			
	System functions			

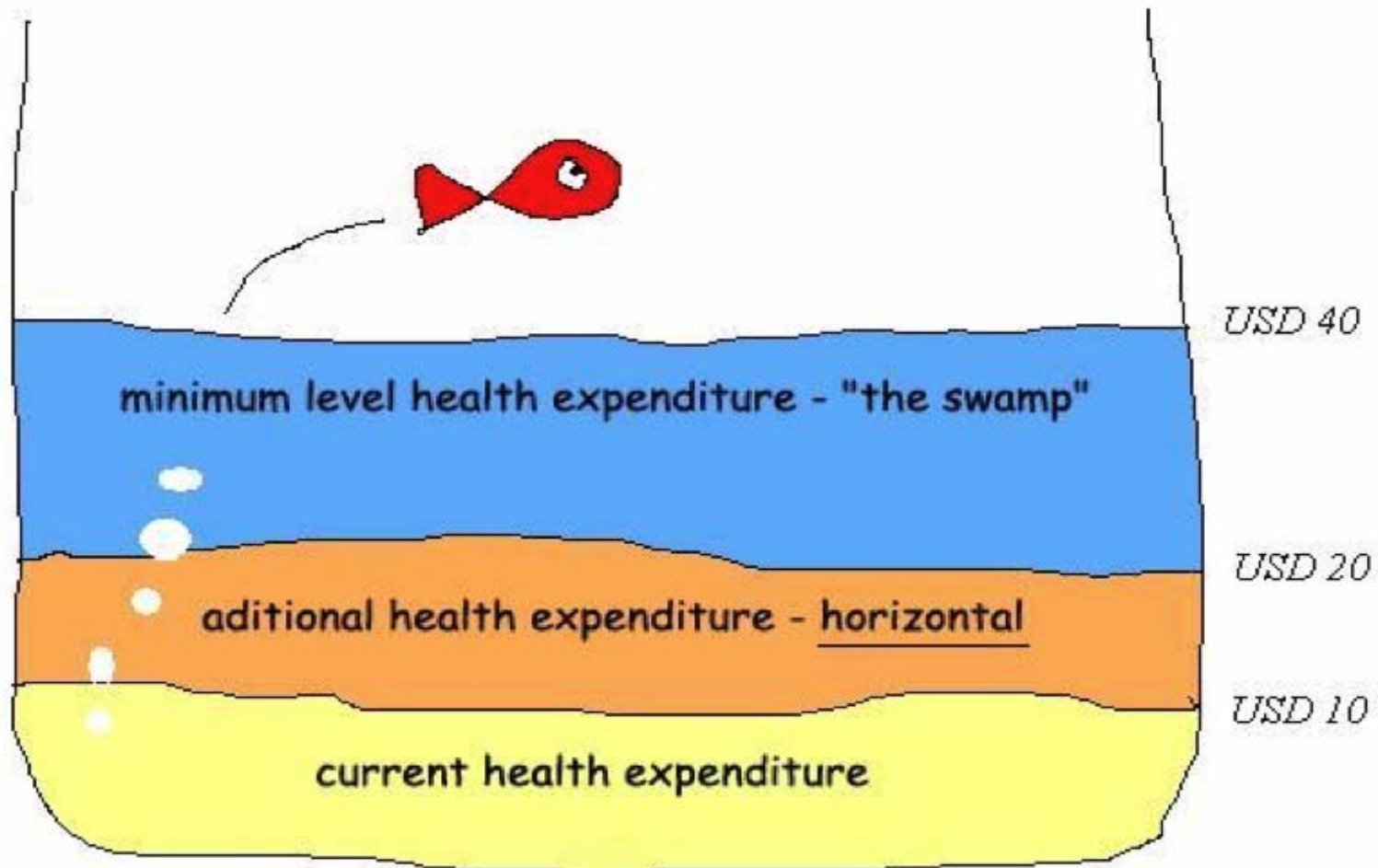


The "vertical approach"

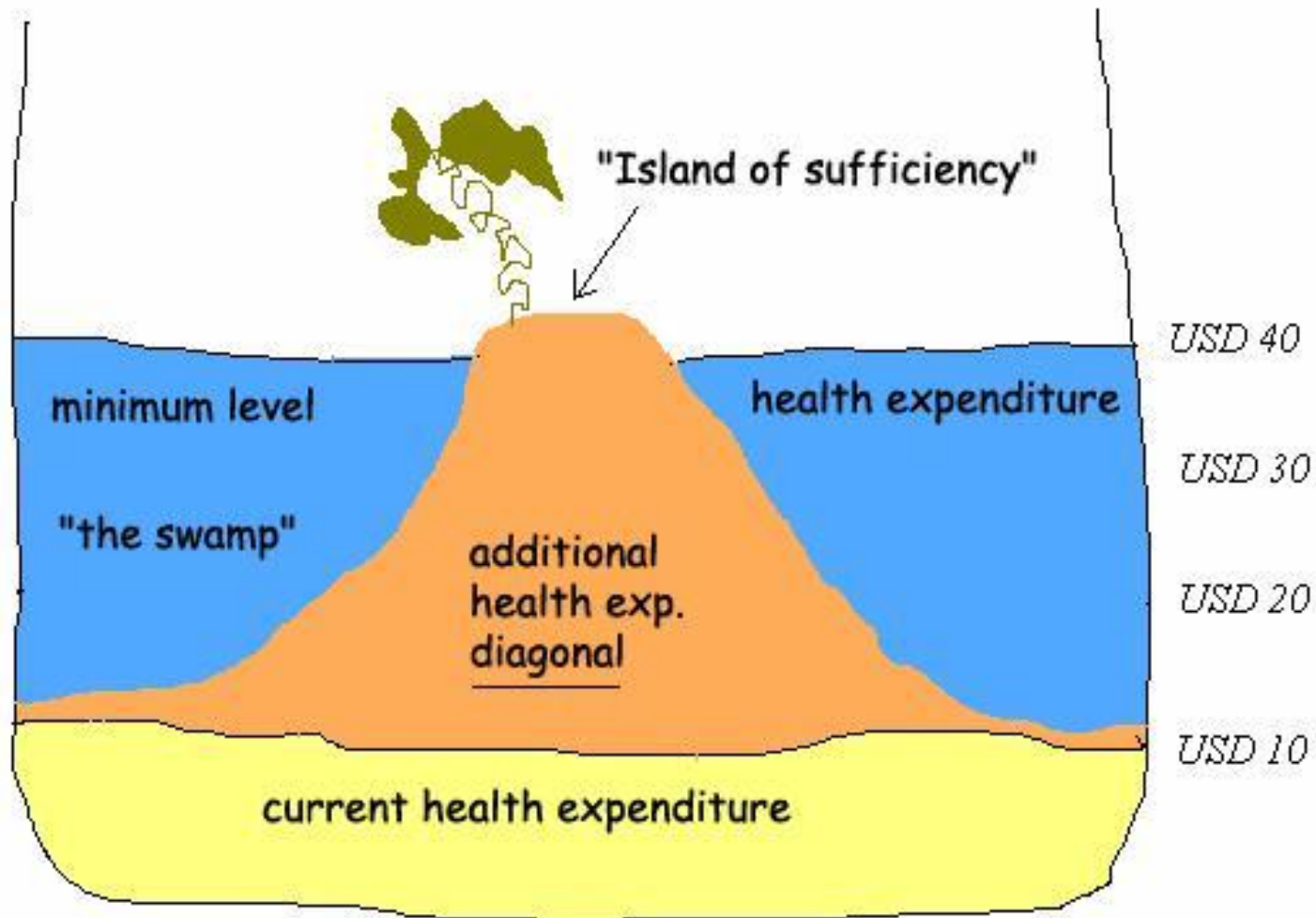


Ooms et al. 2008

The "horizontal approach"



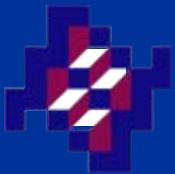
The "diagonal approach"



MESOAMERICAN PUBLIC HEALTH SYSTEM AND INSTITUTE



INSTITUTO
MESOAMERICANO
de Salud Pública



Mesoamerica faces significant health challenges

Mesoamerica

Population: 74.5m

Poverty: 21%

Mexico (southern states)

Population: 35m

Belize

Population: 0.3m

Honduras

Population: 6.8m
Poverty: 45%

Guatemala

Population: 12.7m

Nicaragua

Population: 5.5m

El Salvador

Population: 6.7m

Costa Rica

Population:
4.3m

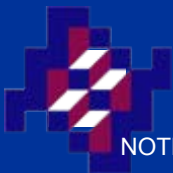
Poverty: 8%

Panama

Population: 3.2m

Principal health challenges

- Close to 500,000 pregnant women do not receive prenatal care or professional birthing (26% of total pregnancies)
- 10 million at risk of being infected with dengue or malaria (13% of total population)
- Close to 500,000 children do not receive complete basic infant immunizations (26% of annual births)
- Close to 35% of children suffer from micronutrient deficiencies



NOTE:

Source: Mesoamerican Health Initiative. Poverty is estimated using CEPAL guidelines. For each country a basic food basket that cover nutritional needs is used to estimate the extreme poverty line. Non-food needs are included to calculate poverty lines. For Southern Mexico, the definition of poverty is according to CONEVAL

Opportunities and strengths. A GHI perspective

Favorable regional context

- **Shared regional cultural context and issues**
- **Stable political landscape**
- **Increased political will to tackle socio-economic challenges**

Significant potential for improvement

- **Persistent socio-economic gap**
- **Significant impact can be achieved**
- **Better infrastructure**
- **Build high impact replicable cases**

**Unique
opportunity
for impact**



Mesoamerican Health System



Gates-Slim-Spain Mesoamerican Health Initiative Policies



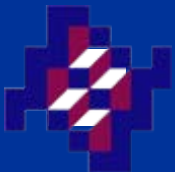
Mission & Vision

Mission

**Academic and policy network
strengthening national health systems
through the production and transfer of
regional public goods**

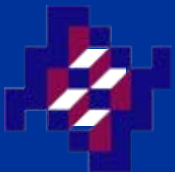
Vision

**Together, develop regional strategies to
support knowledge and capacity to
address public health challenges**



MPHI Objectives

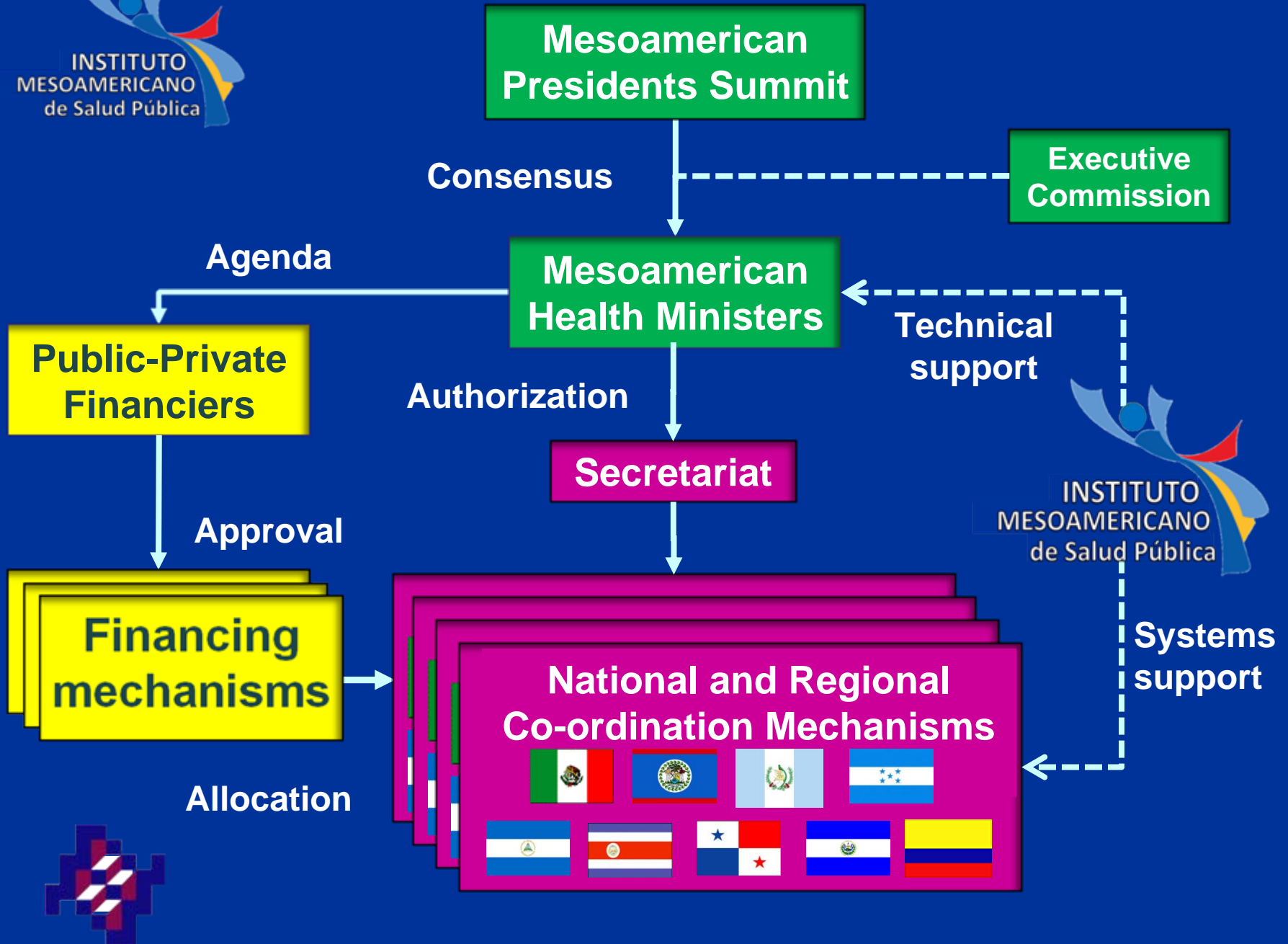
- ◆ **Contribute to the governance of the Mesoamerican Health System**
- ◆ **Provide technical support, monitoring and evaluation**
- ◆ **Facilitate the integration of regional initiatives into national health systems**



MPHI Programs

- ◆ **Continuous Education and Capacity Development**
- ◆ **Post-Graduate Professional Training**
- ◆ **Technical Support and Knowledge Transfer**





MIPH Board of Director

Country	Institution	Representative
Costa Rica	University of Costa Rica	Dra. Yamileth González García
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Panamá	Gorgas Commemorative Center for Health Studies, Ministry of Health, Panama.	Dr. Néstor Sosa
Guatemala	University of San Carlos, Faculty of Medicine.	Dr. Jesús Arnulfo Oliva Leal
México	El Colegio de la Frontera Sur (ECOSUR) Chiapas	Dra. Esperanza Tuñón Pablos
	National Institute of Public Health, Ministry of Health	Dr. Mario Henry Rodríguez



Salud migrante

Propuesta de un seguro
binacional de salud

PERSPECTIVAS EN SALUD PÚBLICA
Sistemas de Salud



Instituto Nacional
de Salud Pública

A Proposal for Binational Health Insurance

http://www.insp.mx/Portal/Centros/ciss/images/publicaciones/binacional_migrante.pdf

Dimension of the 11.8 million Mexican migrants in the US

- ◆ 11% of the population of Mexico
- ◆ 5.8% annual increase
- ◆ Bidirectional flow
 - 700,000 leave Mexico
 - 250,000 return
- ◆ 60% without documents
- ◆ 21% have U.S. Citizenship
- ◆ 56% without health insurance



Reference population for binational health insurance

11.8 million Mexican migrants
4.3 million offspring born in the U.S.
5.5 million dependents in Mexico*

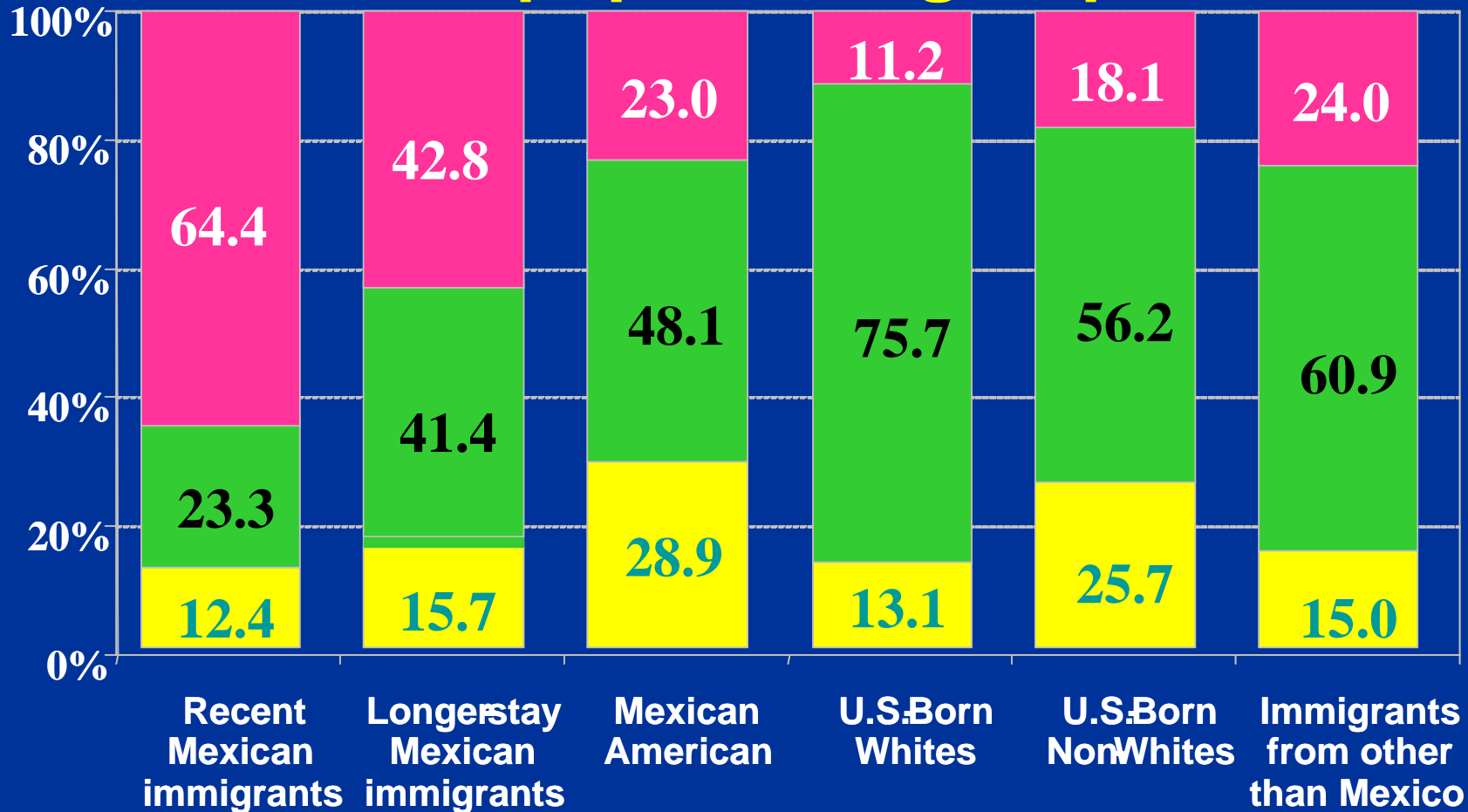
21.6 million in transnational communities



85% of migrants send remittances to Mexico



Health Insurance in the US by population group



Public

Private

Uninsured

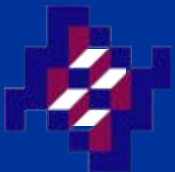
Migrants' impact on the US' uninsured

- ◆ Migrants (of any nationality) and their offspring born in the U.S. make up:
 - 32% of the total population without health insurance (46 million)
 - 86% of the growth of the population without health insurance
- ◆ Mexican migrants make up 14% of the total number of people in the U.S. without health insurance



Importance of health insurance for migrants in the US

- ◆ The U.S. health system is the most expensive in the world, representing +14% of the GDP
- ◆ 5.6% of hospital costs in the U.S. end up as uncompensated debts
 - This is attributed to the population without health insurance, mainly migrants
 - It represents 0.2% of the U.S. GDP



Remittance spending on health services in Mexico, 2002

PERCENT

	ALL	Urban	Rural	Head of Household	
				F	M
Primary care	8.9	9.4	4.9	6.2	8.9
Hospitalization	15.9	20.9	12	8.2	17.5
Pregnancy and childbirth	4.5	7.6	2.1	0.2	0.5
OTC medicines	2.5	4.2	1.4	1.3	2.7
TOTAL	31.8	42.1	20.4	15.9	29.6



Modified from Amuedo-Dorantes et al 2009, based on ENIGH 2002.

Capacity to respond in the US

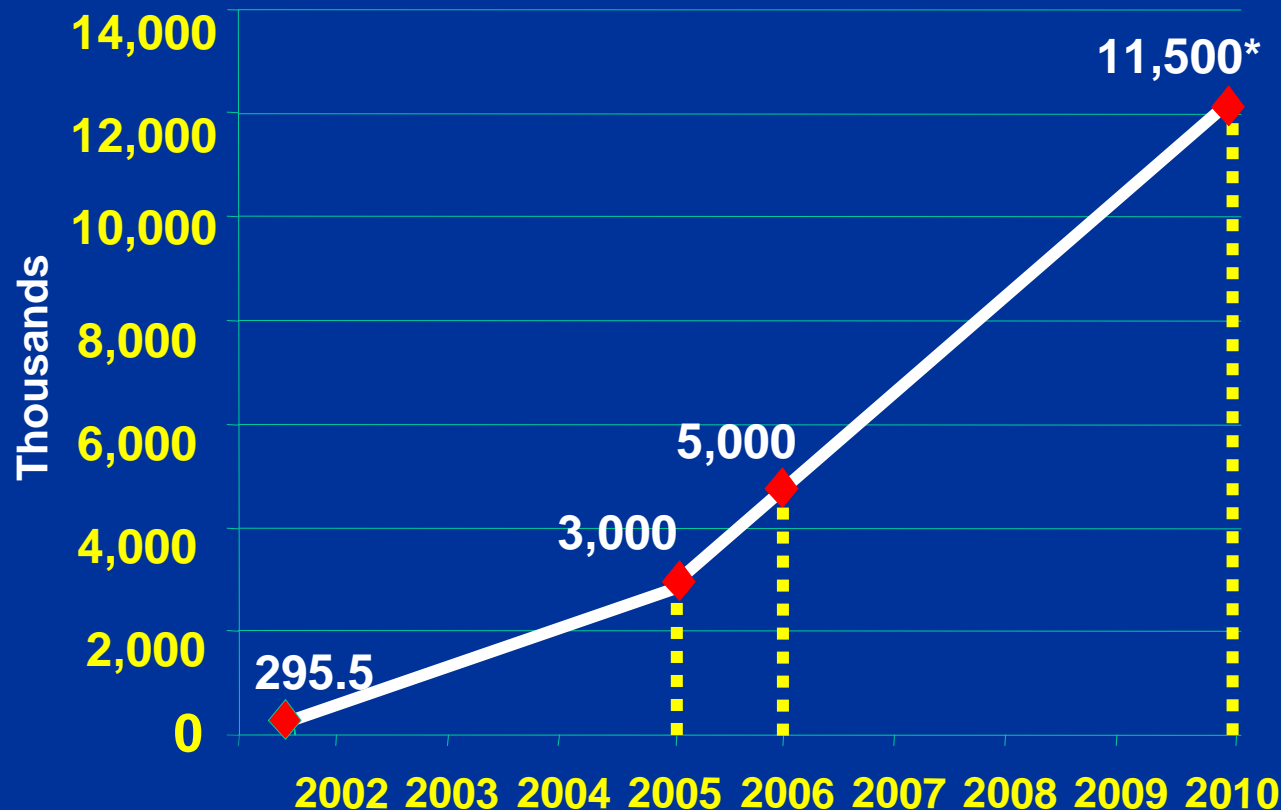
- ◆ Community Health Centers in the U.S.
 - 6,300 points of service in the entire U.S. territory
 - Care provided to 17 million people
 - This includes 147 health centers for migrants, with 800,000 patients
 - Very interested in binational insurance
- ◆ Hometown Associations
 - Broad experience in health
 - Not always available
 - Problematic relationship with Mexico
- ◆ Non-profit insurance agencies



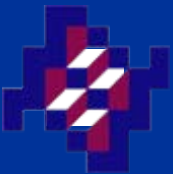
Ventanillas de Salud

Capacity to respond in Mexico

Affiliation of Families to Seguro Popular

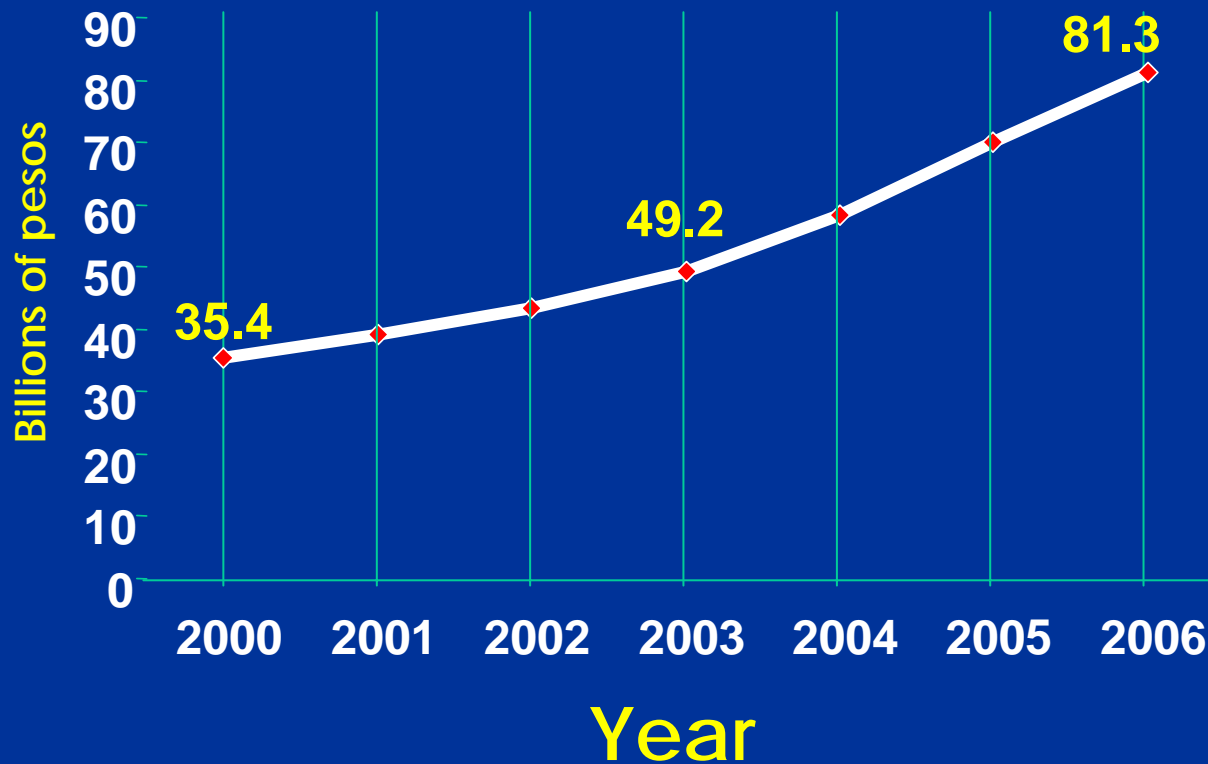


* Projection according to Ley General de Salud
Secretaría de Salud 2005



Capacity to respond in Mexico

Ministry of Health Budget Trend 2000-2006



Fuente: Secretaría de Salud 2005

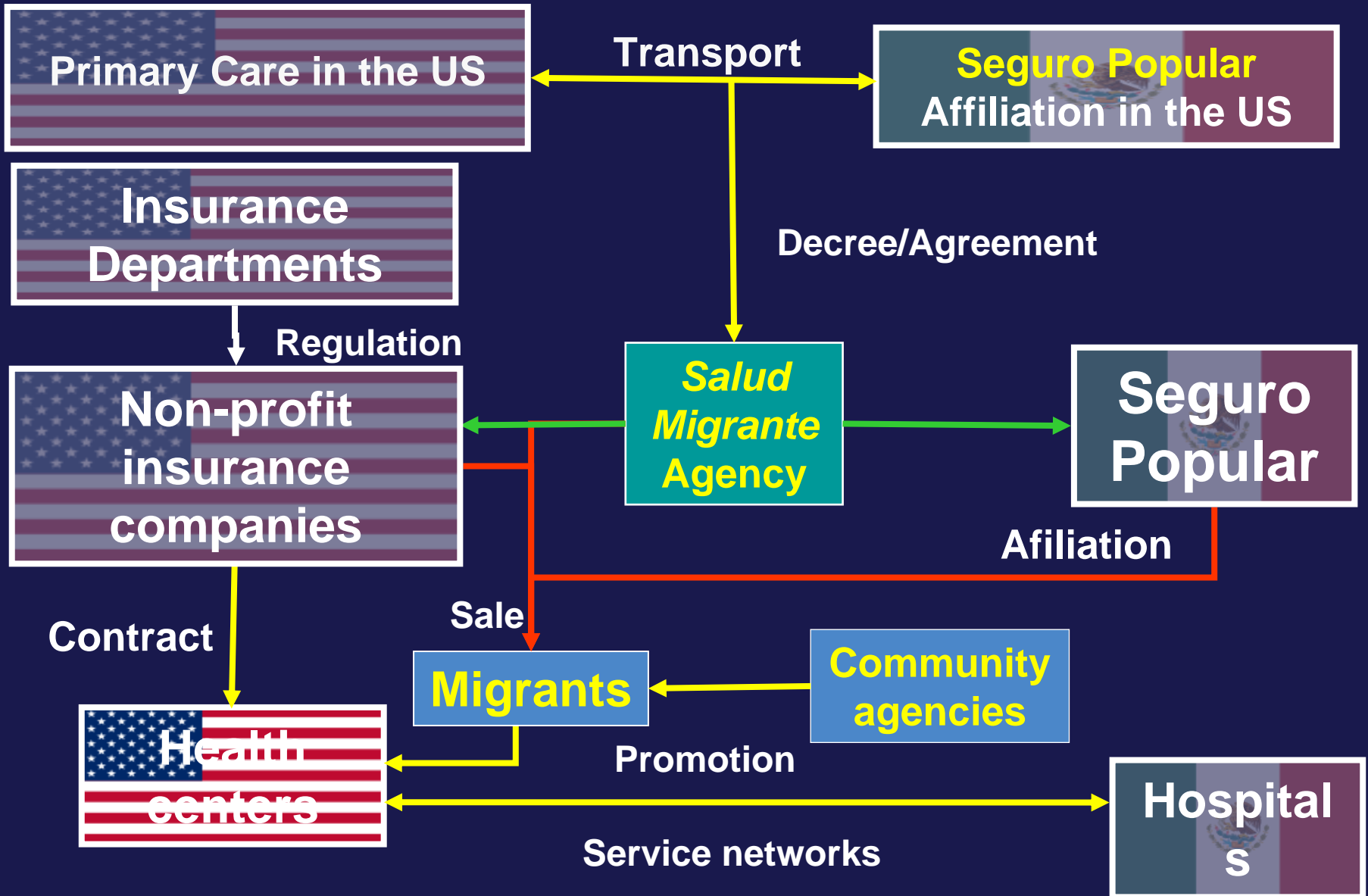


Response in Mexico

- ◆ Variable capacity by MoH in high migration areas
- ◆ State governments interested in supporting migrants
- ◆ Community agencies with potential for binational collaboration
- ◆ *Seguro Popular*
 - Interest and capacity to focus on migrants
 - Need to strengthen affiliation
- ◆ Low access of migrants to hospital health services in Mexico

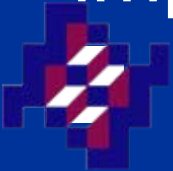


Architecture for Binational Health Insurance



Conclusions

- ◆ Global health governance can bring about important improvements to population health
- ◆ Health diplomacy is a way forward
- ◆ Non-government agencies and universities North and South are already playing an important role



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