The Importance of Equity and the Social Determinants of Health

Madrid, 4th June 2019

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Industrial Revolution
Industrialization of Healthcare

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Health Factory, Norway, 2010
Rising Healthcare Costs and Rising Burden of Disease lead to Risks of Unsustainability. Universal Health Coverage is not sustainable, leading to Worse health - mainly for most vulnerable populations and Rise of inequalities and poverty.
What is the future of Health Systems?

“In health care, the days of business as usual are over.”

Michael Porter

Outcomes Matter

Primary Healthcare

P4P vs. Classical

% of patients with controlled arterial hypertension

% of patients with controlled type-2 diabetes

Um Novo Modelo de Acesso à Inovação em Saúde Baseado em Resultados, Estudo BCG, 2016

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Fonte: SNS
Outcomes vs Spending

Outcomes versus health spending

Health spending per head in 2012, nominal US$

Outcomes index, EII calculation from 2012 data (100-high)

Countries: Western Europe, Eastern European/CIS, North American, Latin American, Asian, MENA, Sub-Saharan African

Sources: The Economist Intelligence Unit; World Health Organization

Adapted by Ricardo Baptista Leite. Acknowledgment to slide owner Vivek Muthu
Determinants of Health

- **Impact on a person's health status**
  - Exogenous Factors: 60% Environment & Social Context, Behavior
  - Genomic Factors: 30%
  - Clinical Factors: 10%

- **General socioeconomic, cultural and environmental conditions**
- **Living and working conditions**
  - Work environment
  - Unemployment
  - Water and sanitation
  - Health care services
  - Housing

- **Social and community networks**
  - Education
  - Agriculture and food protection
  - Health care services

- **Individual lifestyle factors**
  - Age, sex and constitutional factors

Dahlgren and Whitehead, 1991
Community Value-based Health System

Public – Social - Private

C-BOM’s
Community Based Outcome Measurements

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Remote Patient Monitoring and Interventions (autonomous?)

Cloud-based Technology

Clinical Decision and Management Support tools (AI, QC, ...)

Syndromic E-Screening

‘Nudging’ for better health

Remote Patient Monitoring and Interventions (autonomous?)

Patient Management

NHS GPS
‘DATA’ as a Public Good

give data
give blood

Acknowledgment to slide owner Vivek Muthu
‘DATA’ is ‘the electricity’ of the 21st Century
EQUALITY

EQUITY
Pentagram for Change

Adapted from ‘Towards Unity for Health Network’ (TUFH) Pentagram.
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“DON’T LET ME DIE!”
José Carlos Saldanha
The Ministry of Health announced an agreement with Gilead Sciences and Harvoni® was fully funded for all patients with Hepatitis C.

Risk sharing model was adopted. The Ministry agreed on paying per patient that is clinically cured (not per number of weeks of treatment nor per number of patients treated) and the payment procedures were fully centralized.

Volume-based agreement: Price paid is inversely proportional to the number of patients treated.

National Action Plan for Hepatitis C and the review of the national HCV treatment guidelines were announced and are currently being prepared by a panel of experts.

Centralized registry database was commissioned and is currently used by physicians.
A digital tool that integrates the analysis of the history of disease, the treatment continuum, vulnerable populations and the impact of health policies.

LETSENDHEPC.COM and download the APP ‘LET’S END HEPC’
Digital Health & Access to Care | Case Study #2

LETSENDHEPC.COM and download the APP ‘LET’S END HEPC’
POLICY IMPACT ON HEALTH OUTCOMES

- Main HCV Outcomes
- Per Year 2019-2030
- Vulnerable Populations

Elimination of HCV will not be achieved by 2030 with current policies (according to WHO elimination definition of HCV cut off of 90%).

LETSENDHEPC.COM and download the APP ‘LET’S END HEPC’
POLICY CALCULATOR
‘Gamification of Policy Making’

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POLICY CALCULATOR

‘Gamification of Policy Making’
Councilor submits proposal in City Hall Digital Portal → City Councilor presents the proposal to city council → Not Approved / Approved → CSO publishes a summary of the proposal and updates the SDG indicators on the ‘Cascais 2030’ Dashboard

- Cascais SDG Checklist

Budget and future council actions and policies are prepared in accordance with SDG goals and recommendations from the ‘Cascais 2030 Local Network’

Based on Cascais 2030 outcomes, the CSO presents an yearly report prior to the preparation of the city hall’s budget

CSO incorporates recommendations in the ‘Cascais 2030’ dashboard, including new or adapted indicators

Recommendations on new policies and actions needed to locally implement SDGs

(Re)define the ‘Cascais 2030’ local agenda

Monitor and assess SDG compliance (on going process)

Initiate inclusive process (invite all potential stakeholders to participate)

Baptista-Leite R., To be submitted for publication
The commitment:

1 – Cascais 2030 SDG Checklist
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2 - PLATFORM CASCAIS2030

Cascais 2030 Local Network
Budgetary and Policy Recommendations
SMART HEALTH CASCAIS

- Monitoring **key health and social indicators** of the population of Cascais, first Municipality in Portugal with this methodology.
- Indicators are **geo-referenced**, and monitored at the most detailed level of localization as possible (7 number **zip code**).
- 3 **Partnerships** for data feed (monthly updates):
  - Ministry of Education – Institute for Statistics;
  - Institute for Social Security Statistics;
  - Services of the Ministry of Health
  - Future expansion through partnerships with local health care services, hospitals, GPs etc.
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SDG3: ACHIEVE UNIVERSAL HEALTH COVERAGE, INCLUDING FINANCIAL RISK PROTECTION, ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES AND ACCESS TO SAFE, EFFECTIVE, QUALITY AND AFFORDABLE ESSENTIAL MEDICINES AND VACCINES FOR ALL

Indicador

Número de dispensa de medicamentos benzodiazepinas e anti...  
Número de prescrições de medicamentos benzodiazepinas e an...
• Universal Health Coverage (UHC) must reach all citizens, including the most vulnerable.

• Civil society allied with technology are critical to ensure inclusion of ‘hard-to-reach’ populations.

• Thus, community-based organizations and patient associations need to be a structural pillar of future health systems aiming towards UHC.

• Transforming current diseases systems into systems that promote equity, health and well being is only possible with reforms that incorporate the social (and other) determinants of health as part of a new governance and incentives model.
Digital technology is pivotal to redesigning health systems towards sustainability and timely access to quality care.

To untap the full potential of digital technologies, there is a need for:

- Infrastructure preparedness (5G, hard/software, devices...)
- High quality and real time data collection and analytics
- EU standardization of health outcomes and value systems
- Environments that promote creativity and innovation
“It always seems impossible until it’s done.”

-Nelson Mandela
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