



# EuroHealthNet

EUROPEAN PARTNERSHIP FOR IMPROVING HEALTH, EQUITY & WELLBEING

## The Importance of Equity and the Social Determinants of Health

Madrid, 4<sup>th</sup> June 2019

**Ricardo Baptista Leite, MP, MD**

*Medical Doctor and Member of the Portuguese Parliament*

*Member of the Parliamentary Health Committee | Foreign Affairs Committee*

*National Spokesperson for Health | Social Democratic Party*

*Founder and President of 'UNITE – Global Parliamentarians Network to Infectious Diseases'*

*Vice-Chair of the 'Parliamentary Network on the World Bank and International Monetary Fund'*

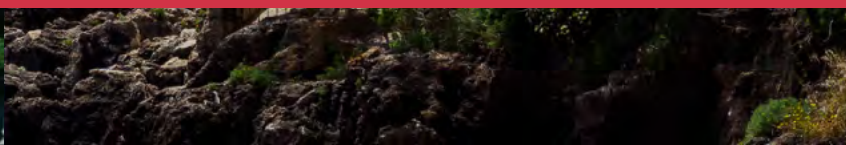
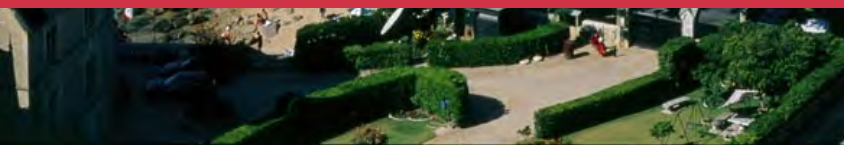
*Head of Public Health | Católica University of Portugal*

*Guest Lecturer | NOVA Medical School*

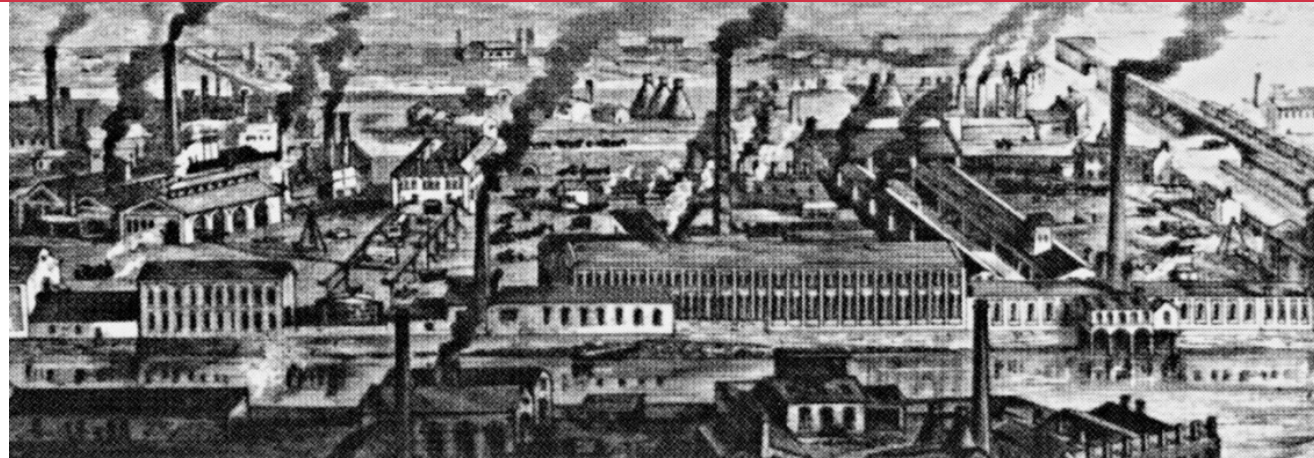
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# Portugal: Cascais – Sintra – Estoril Coast



# Industrial Revolution



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# Industrialization of Healthcare



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Health Factory, Norway, 2010

# Health Care Costs Are Rising at Unsustainable Rates

**Rising Healthcare Costs  
and  
Rising Burden of Disease**



**Risks of Unsustainability**



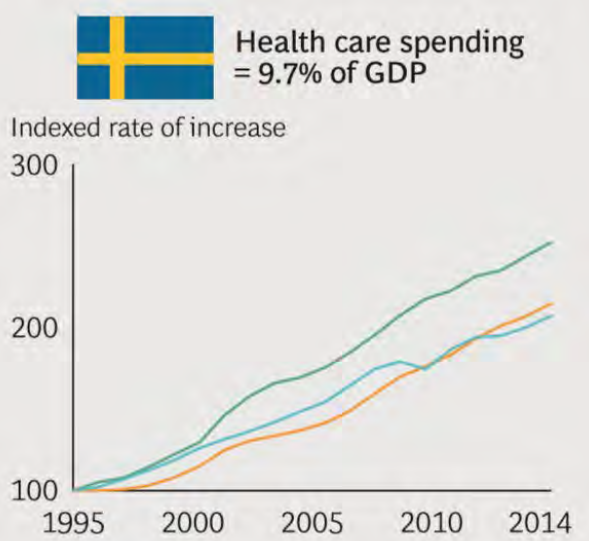
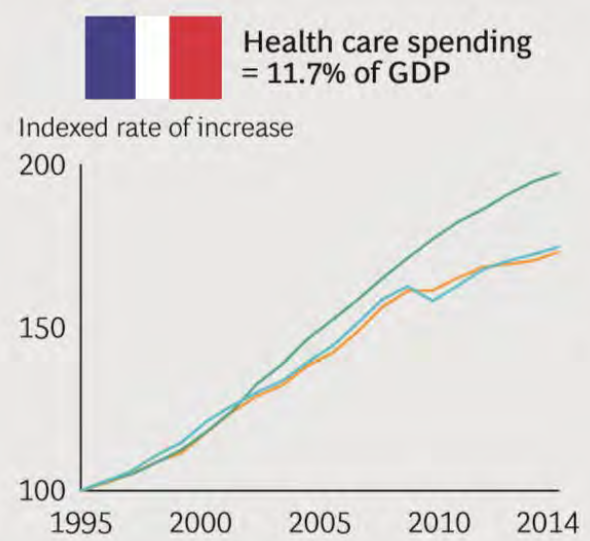
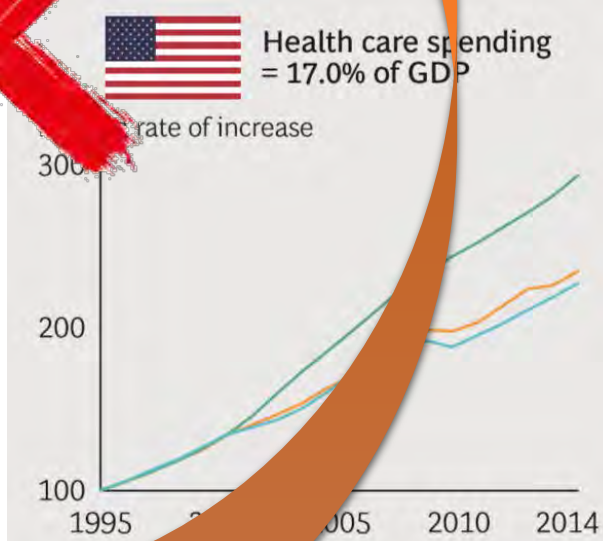
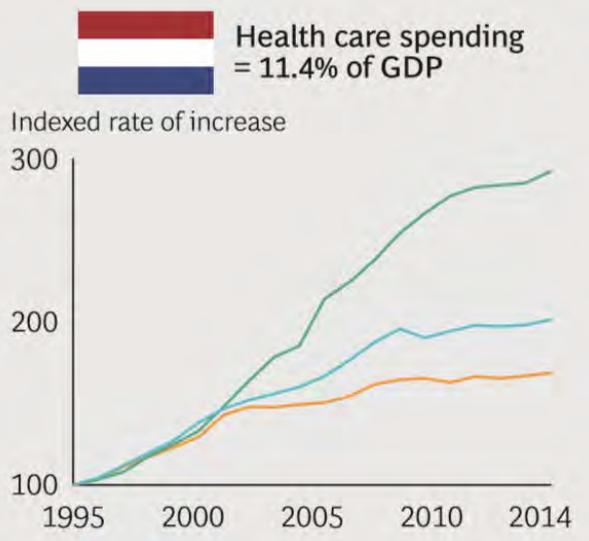
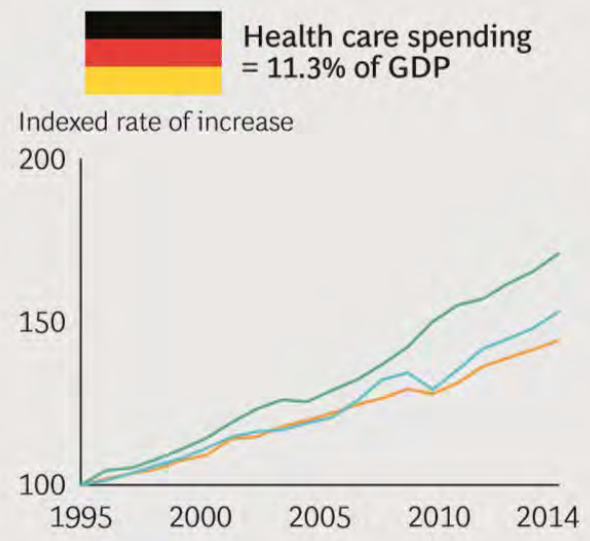
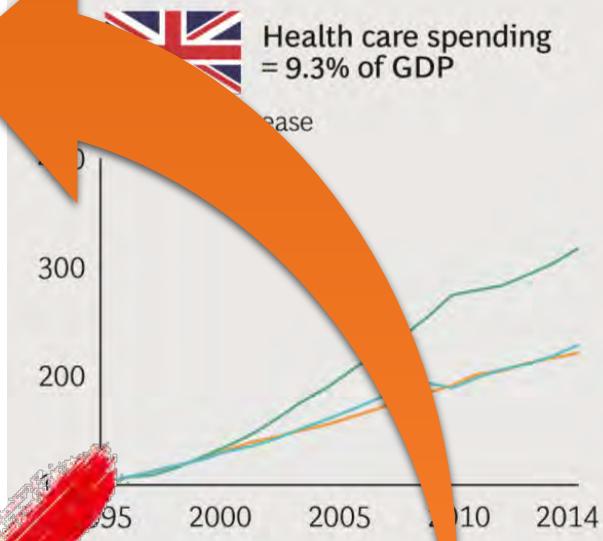
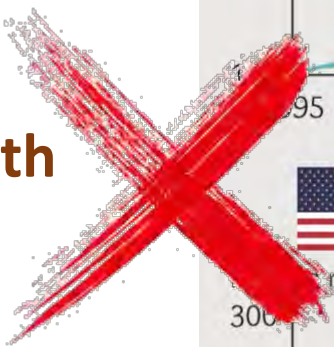
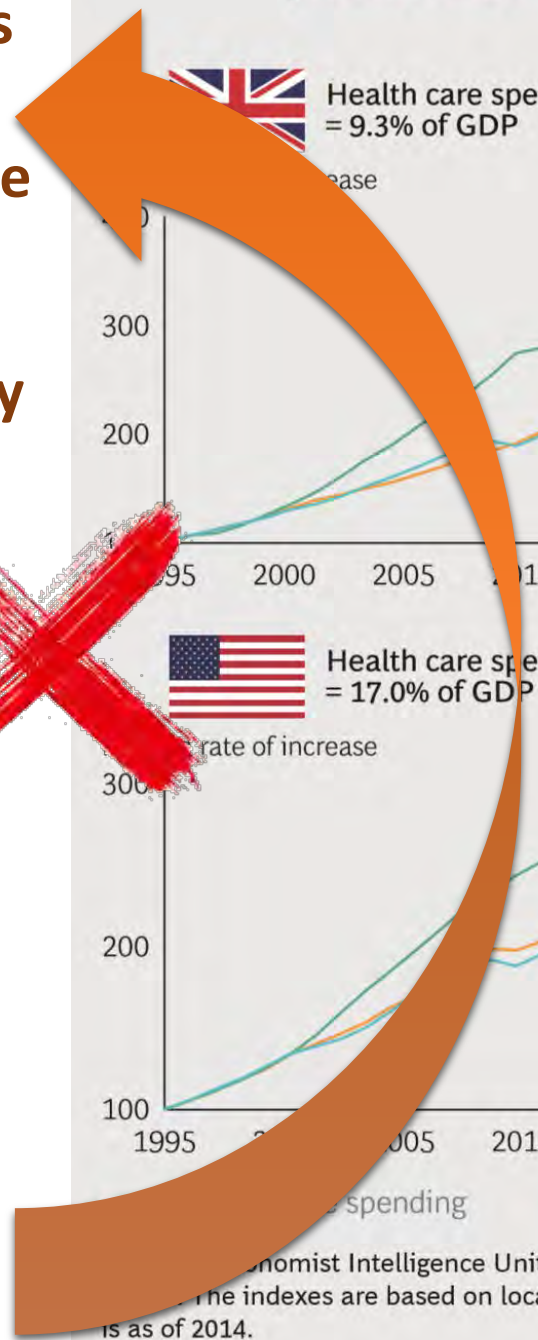
**Universal Health  
Coverage**



**Worse health - mainly  
for most vulnerable  
populations**



**Rise of inequalities  
and poverty**



Source: Economist Intelligence Unit, May 2015; Organisation for Economic Co-operation and Development; BCG analysis.  
The indexes are based on local currencies; 1995 = 100; income = personal disposable income; health care spending as a percentage of GDP is as of 2014.

# What is the future of Health Systems?

Social inequities

Raising costs  
(innovation & tech)

Demographic  
pressure

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

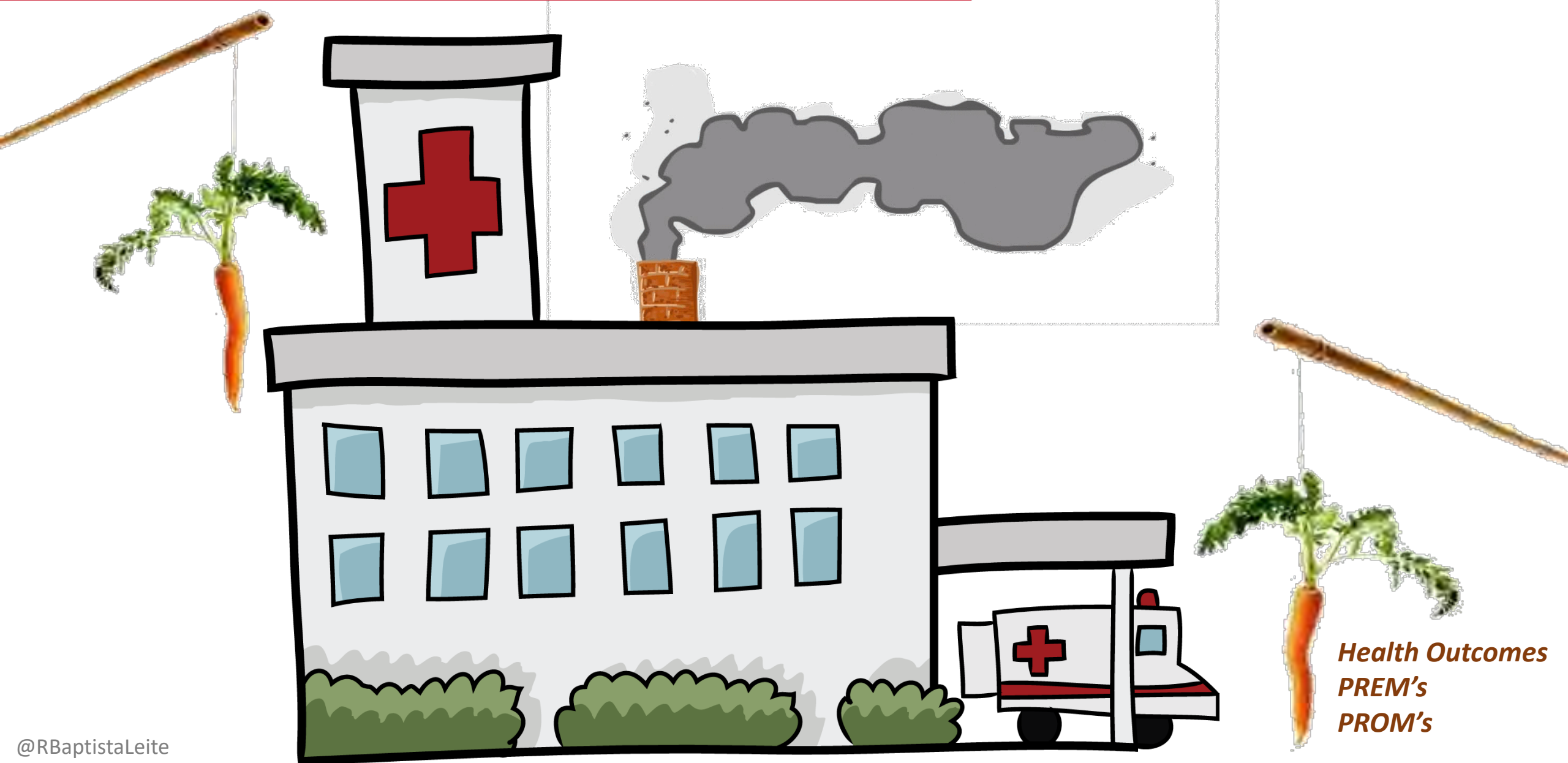
Need for more  
qualified health  
care workers

Chronic diseases

Michael Porter

Raise of the  
burden of disease

# Future of Healthcare | Value Agenda

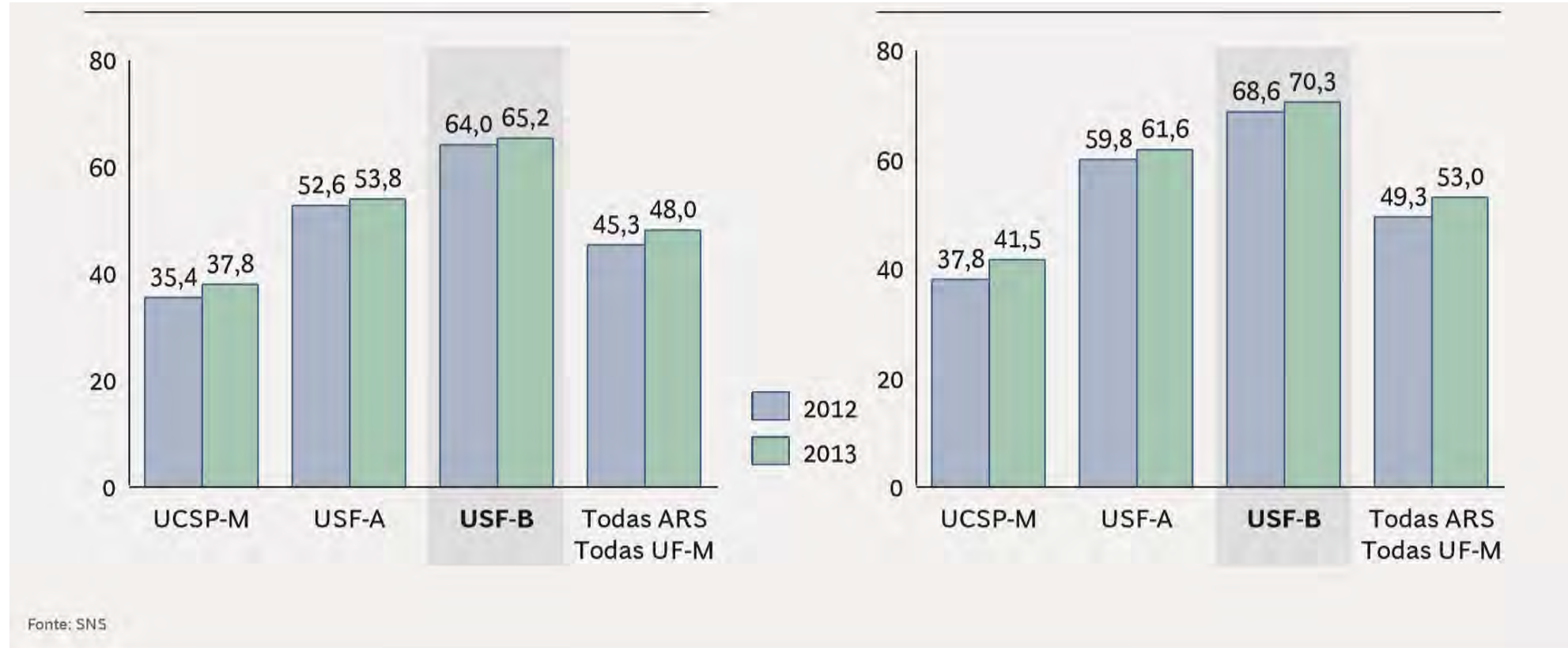


*Health Outcomes  
PREM's  
PROM's*

# Outcomes Matter

% of patients with controlled arterial hypertension

% of patients with controlled type-2 diabetes

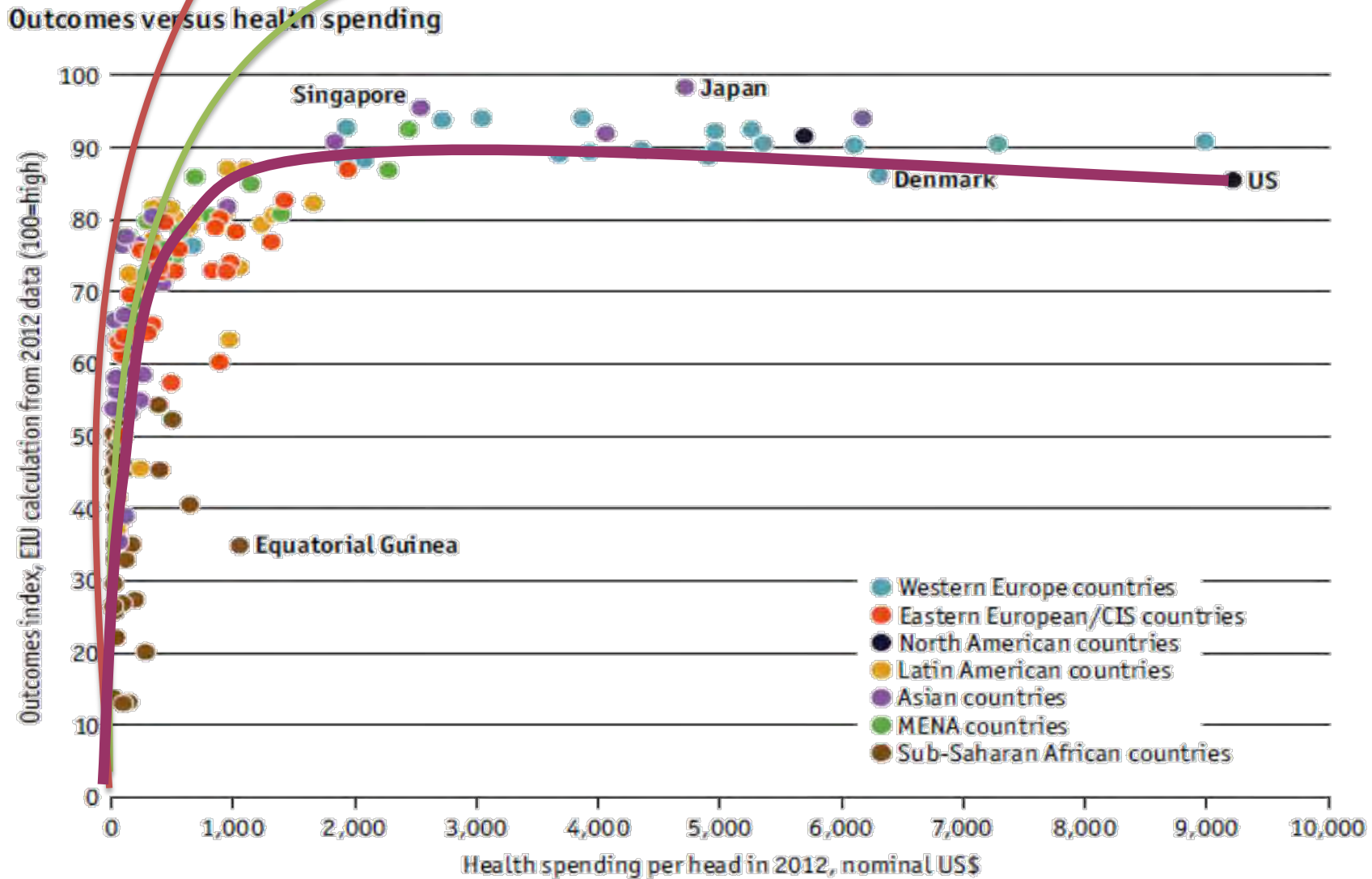


## Primary Healthcare *P4P vs. Classical*





# Outcomes vs Spending



Sources: The Economist Intelligence Unit; World Health Organisation.

# Determinants of Health

Impact on a person's health status

Exogenous Factors\*

60%

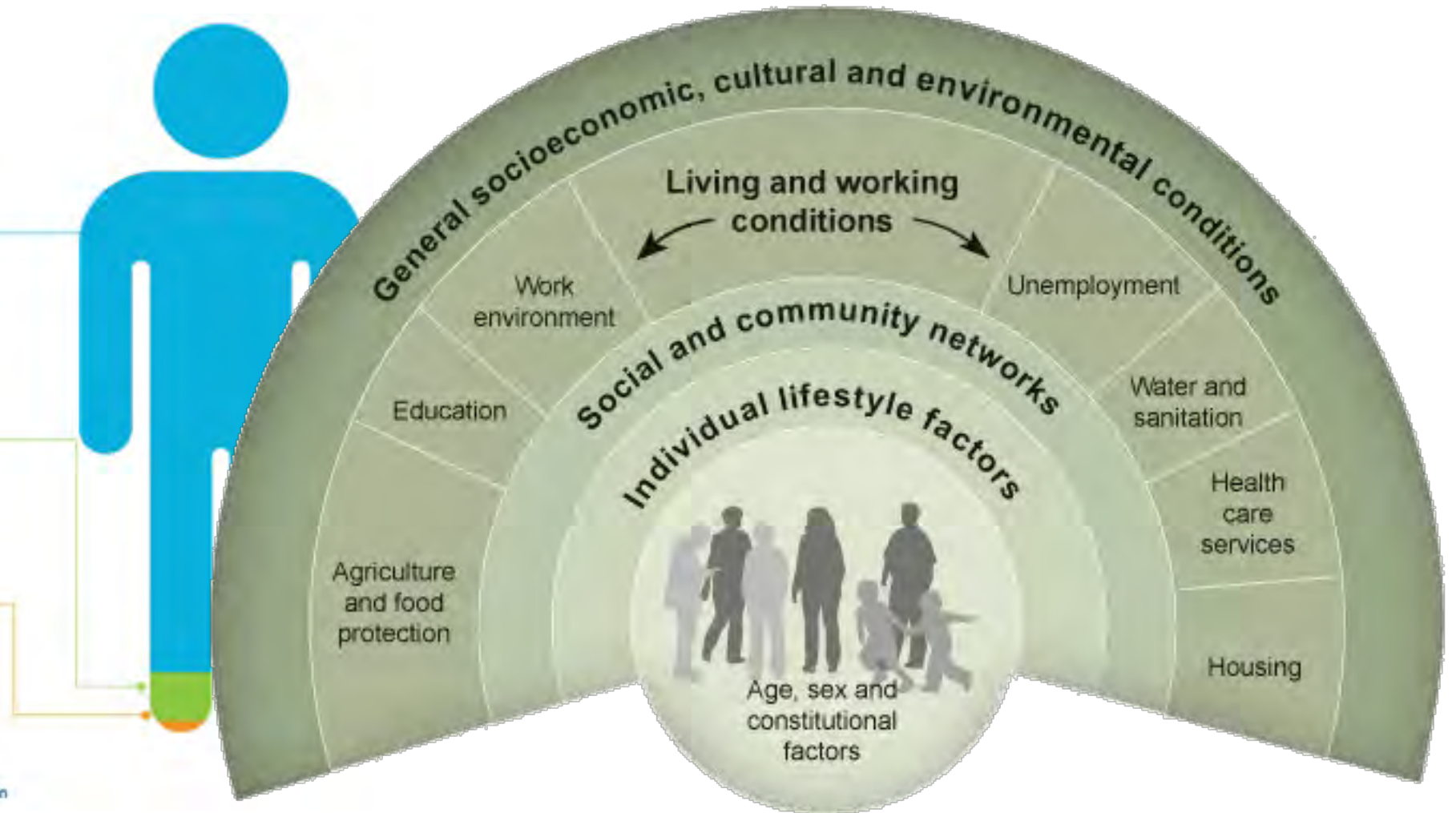
Environment & Social Context, Behavior

Genomic Factors\*

30%

Clinical Factors\*

10%



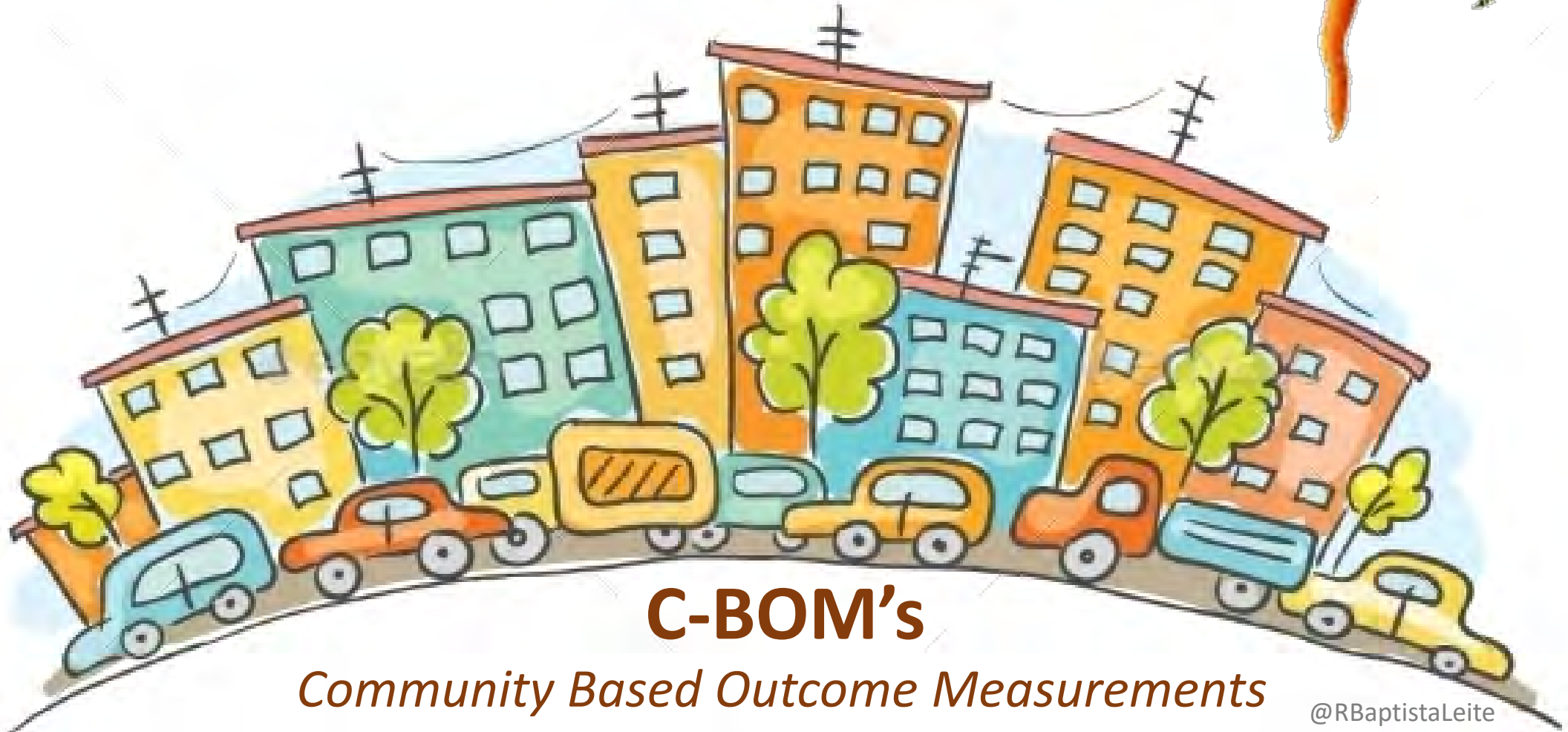
© 2015 International Business Machines Corporation



# Community

# Value-based Health System

# *Public – Social - Private*



## C-BOM's

*Community Based Outcome Measurements*

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**Cloud-based  
Technology**

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

**Telemedicine  
4.0**

**Syndromic  
E-Screening**

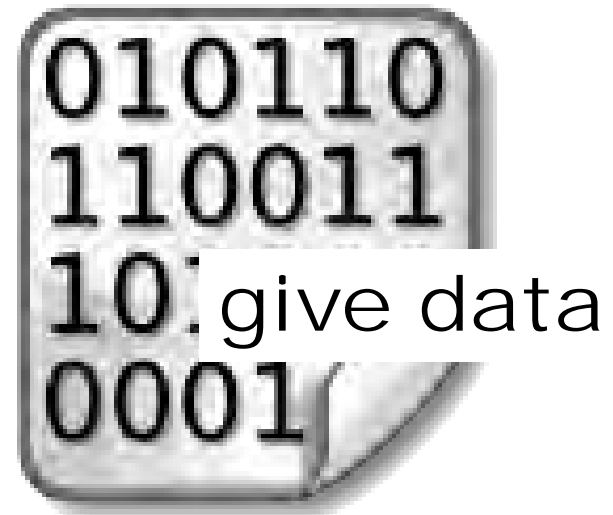
**5G**

**'Nudging' for  
better health**

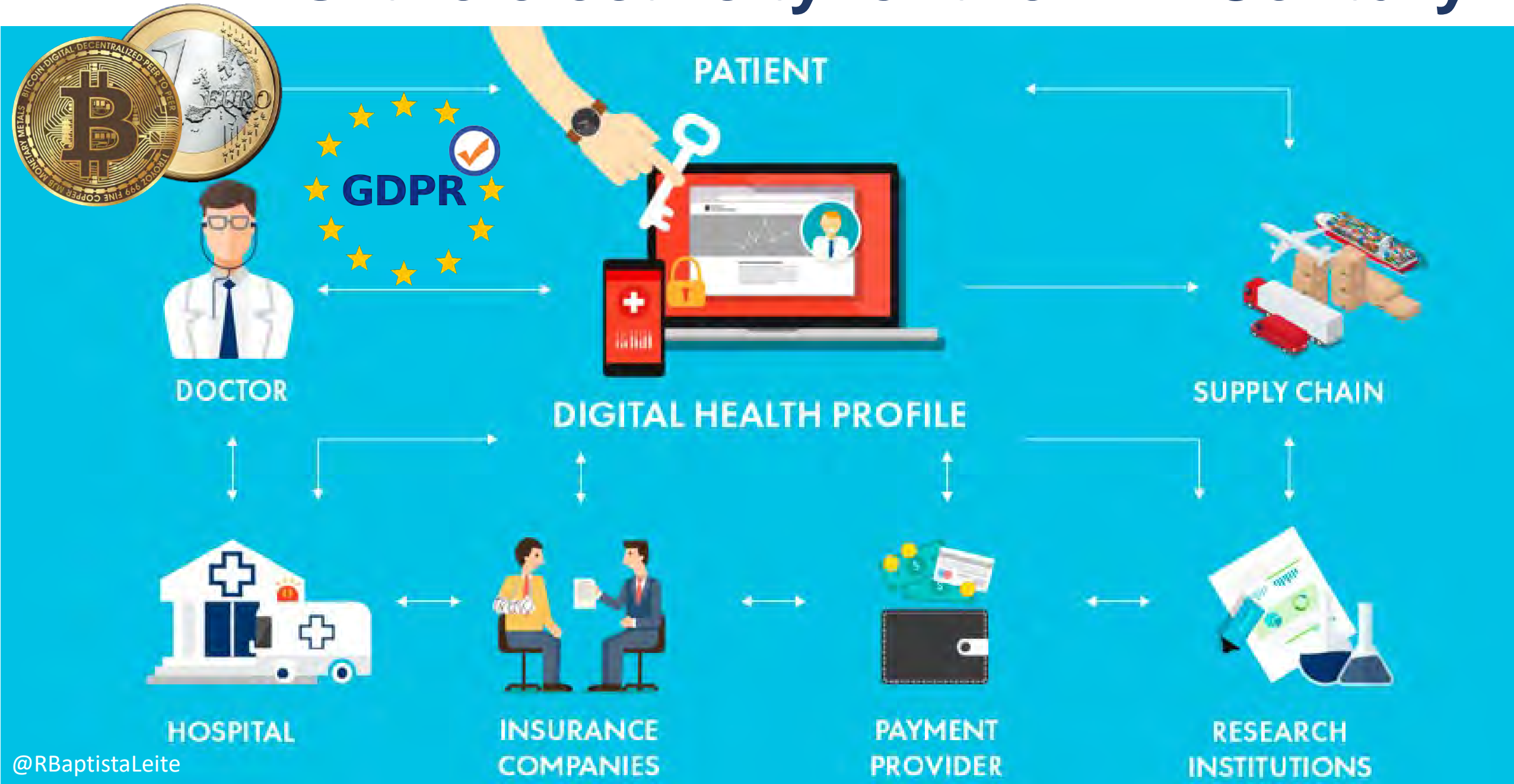
**Remote Patient  
Monitoring and  
Interventions  
(autonomous?)**

**Patient Management  
NHS GPS**

# 'DATA' as a Public Good



# 'DATA' is 'the electricity' of the 21<sup>st</sup> Century





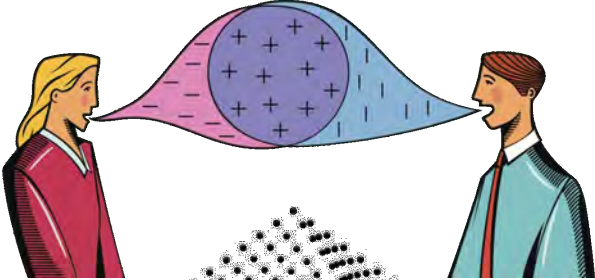
**EQUALITY**

**EQUITY**

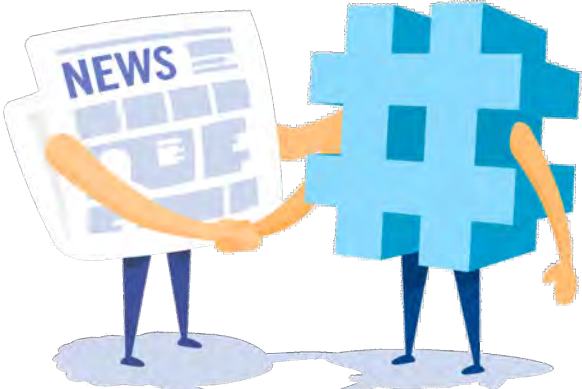


# Pentagram for Change

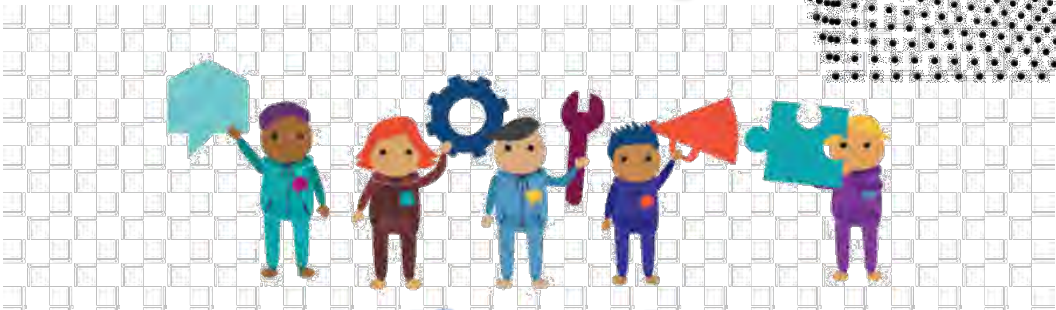
Politicians



Scientific Community



Media



Civil Society



Private Sector

Adapted from 'Towards Unity for Health Network' (TUFH) Pentagram. Cameron I, et al. Project to Policy: TUFH Principles in Action in Australia. Education for Health, Volume 20, issue 2, 2007

# Digital Health & Access to Care | Case Study #1

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# Digital Health & Access to Care | Case Study #1



**“DON’T LET ME DIE!”**

*José Carlos Saldanha*

# Digital Health & Access to Care | Case Study #1

February 2015



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'**

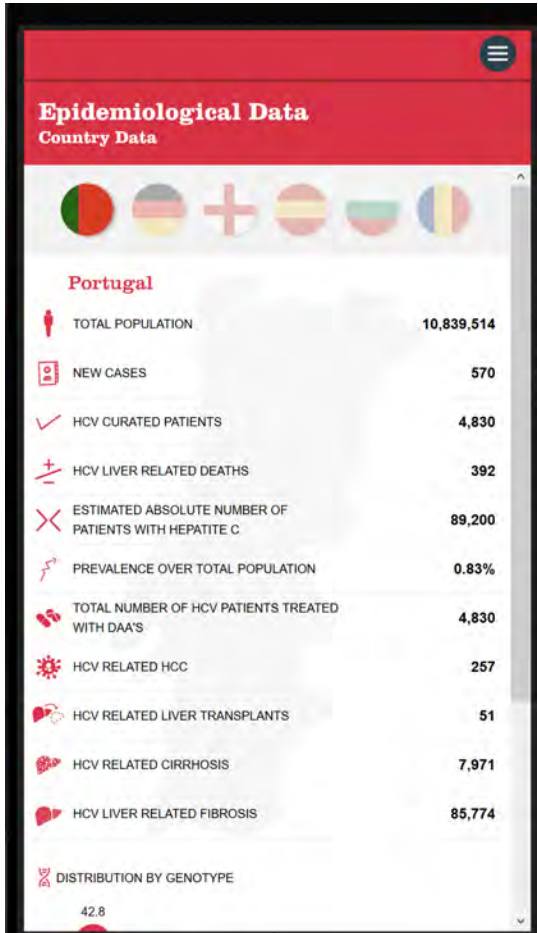
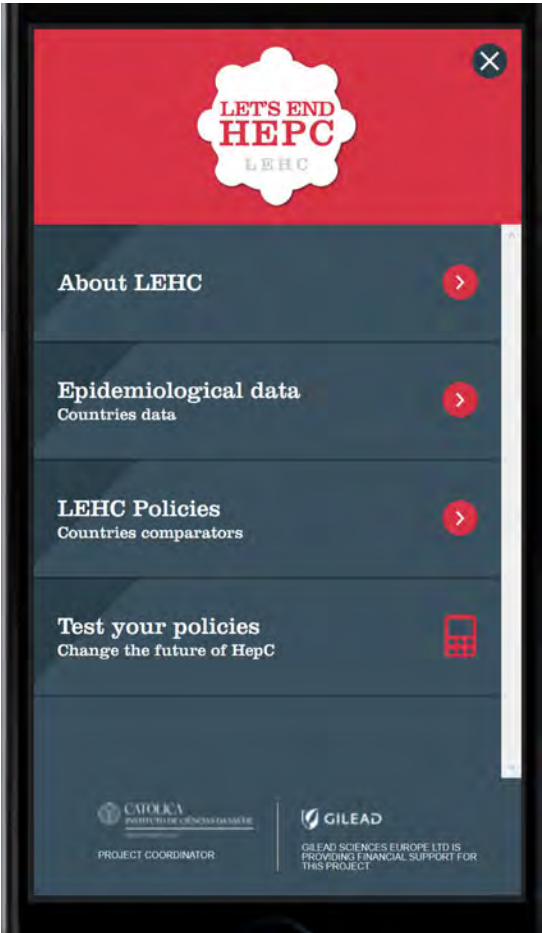
DECLARATION OF INTERESTS  
Gilead Sciences Europe Ltd is providing financial support for this project.

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# Digital Health & Access to Care | Case Study #2



CATOLICA  
INSTITUTO DE CIÊNCIAS DA SAÚDE  
LISBOA · PORTO · VISEU



LETSENDHEPC.COM and download the APP 'LET'S END HEPC'

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## 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%).





## POLICY CALCULATOR

*'Gamification of  
Policy Making'*

The screenshot displays the LEHC Policy Calculator interface. At the top, there is a navigation menu with 'About LEHC', 'Epidemiological data', 'LEHC Policies', and 'LEHC Supporting P...'. Below the menu, there are dropdown menus for 'SELECT BY YEAR' (set to 2024) and 'SORT BY POPULATION' (set to Blood Products). The main area is divided into several panels showing health metrics:

- TOTAL POPULATION:** 945,152
- LINKED TO CARE:** 154
- COMPENSATED:** 888
- INCIDENCE:** 8
- ON TREATMENT:** 89
- HCV PREVALENCE:** 365
- CURED:** 107
- HEPATOCELLULAR CARCINOMA:** 24
- DIAGNOSED:** 246
- LIVER TRANSPLANT:** 1
- HEPATOCELLULAR CARCINOMA (another instance):** 30

On the right side, there is a list of policies with checkboxes indicating their status. A note at the top of this list says '(\*) - currently implemented policies'. The policies listed are:

- National strategy that includes the HCV (clinical evaluation) ✓
- National strategy that includes the HCV (evaluation of available resources) ✓
- National clinical guidelines for the diagnosis and treatment of HCV ✓
- Involvement of civil society in defending the interests and rights of patients with HCV ✓
- Events or awareness campaigns for HCV ✓
- National Register of disease for HCV ✓
- legal framework particularly in terms of discrimination of patients with HCV ✓
- Involvement of primary health care ✓
- national policy to address the prevention of HCV infection ✓
- Screening for HCV in blood donations ✓
- Screening for HCV in tissue and organ donations ✓
- Measures "safe health" - screening and treatment of surgical instruments, equipment and supplies ✓

**LETSSENDHEPC.COM**  
**Download the APP**  
**'LET'S END HEPC'**

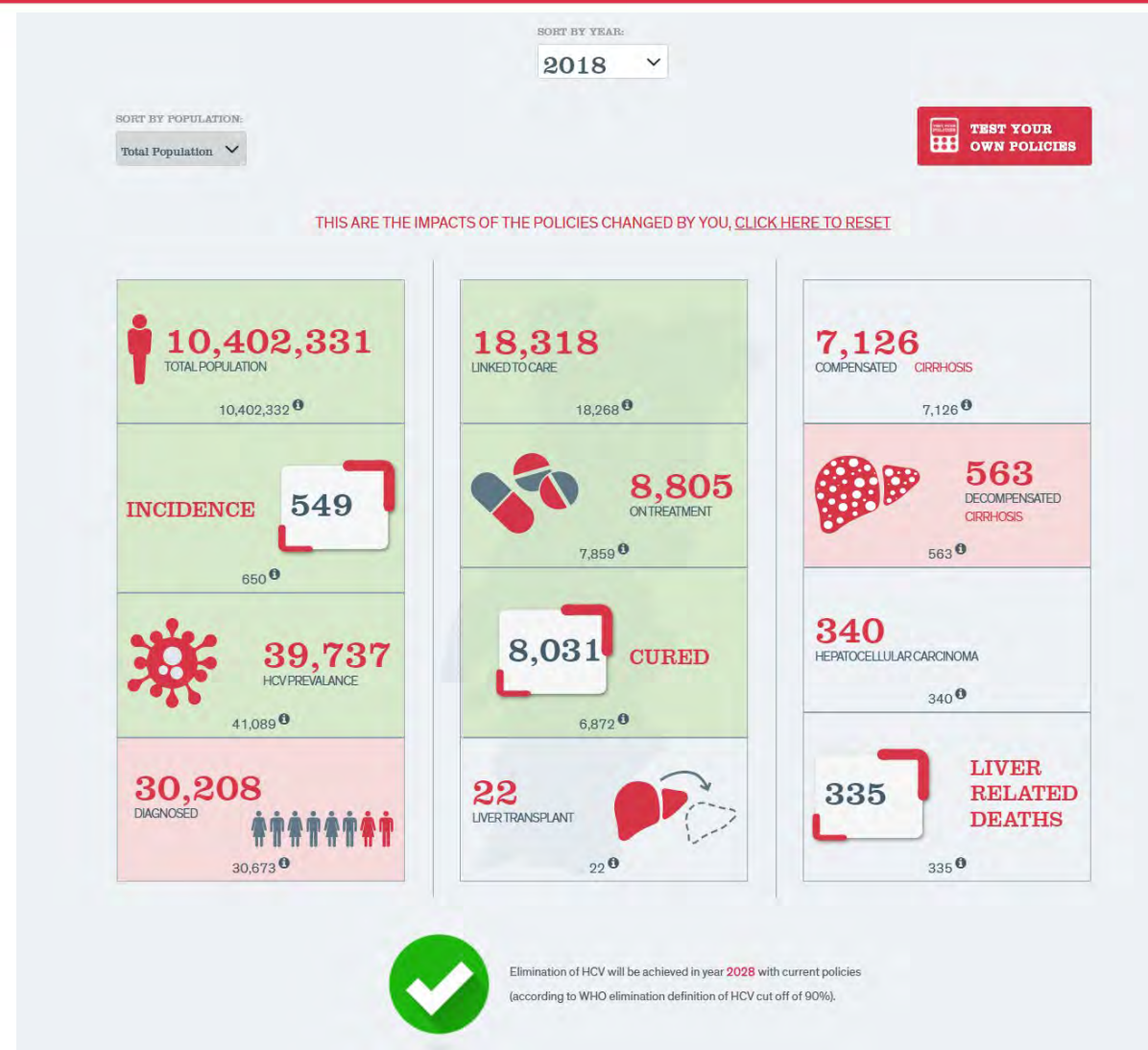




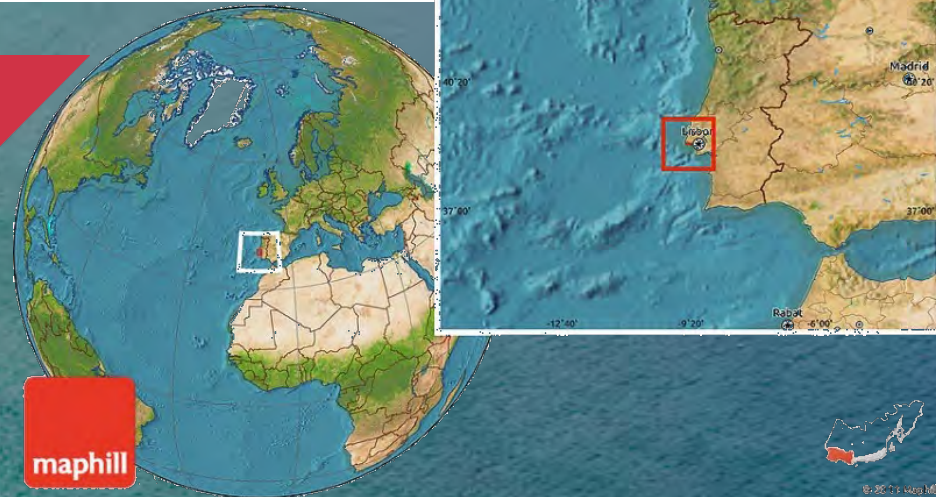
## POLICY CALCULATOR

*'Gamification of Policy Making'*

**LETSSENDHEPC.COM**  
**Download the APP**  
**'LET'S END HEPC'**



# Digital Health & Access to Care | Case Study #3



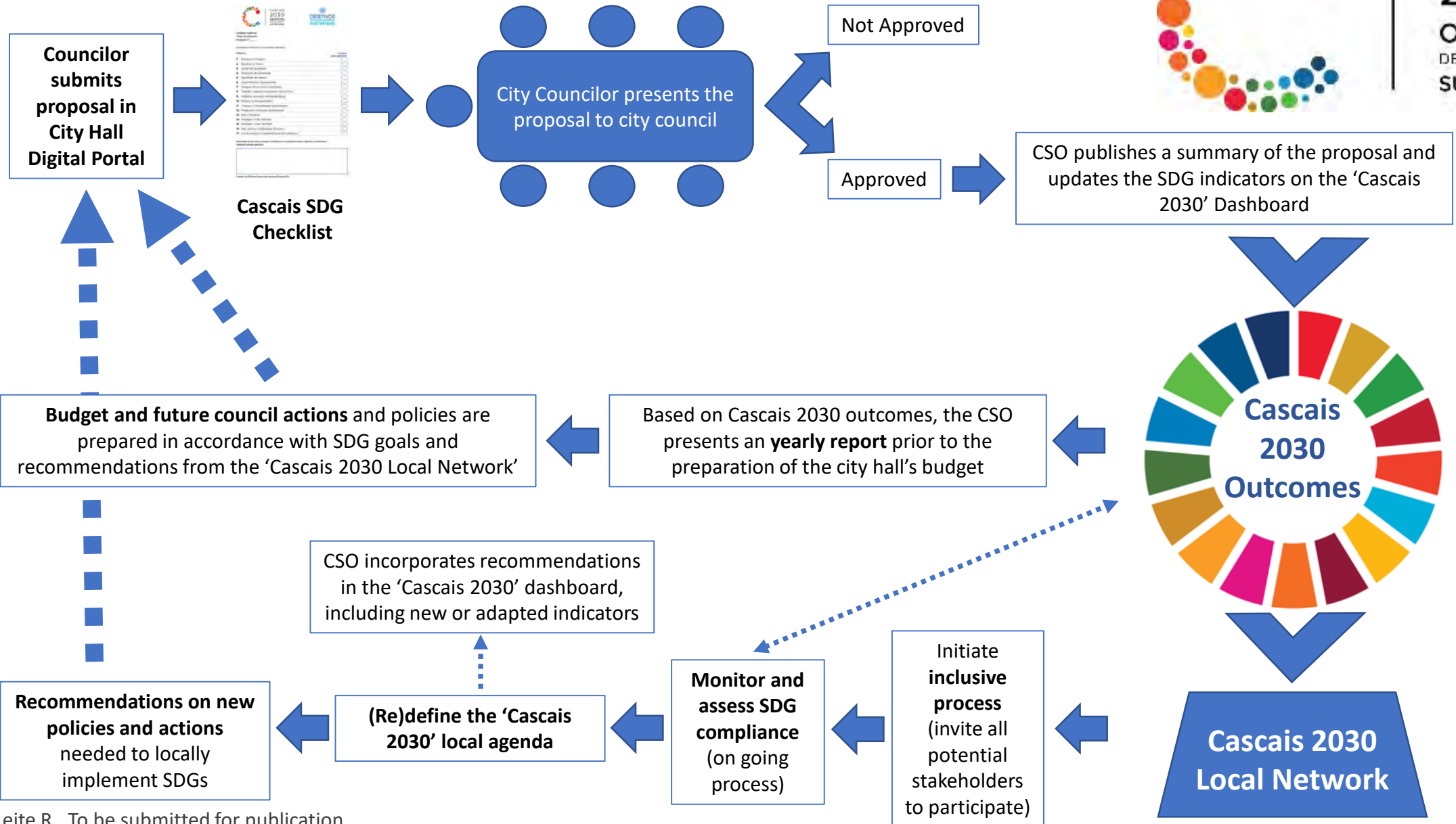
CASCAIS

The Charm of *the* Atlantic Coast


# Digital Health & Access to Care | Case Study #3




CASCAIS  
2030  
OBJETIVOS  
DESENVOLVIMENTO  
SUSTENTÁVEL



# Digital Health & Access to Care | Case Study #3



CASCAIS  
2030  
OBJETIVOS  
DESENVOLVIMENTO  
SUSTENTÁVEL



OBJETIVOS  
DE DESENVOLVIMENTO  
SUSTENTÁVEL

Unidade orgânica:  
Título da proposta:  
Proposta nº \_\_\_\_\_

A proposta contribui para o(s) seguinte(s) objetivo(s).

Objetivo	Indique, caso aplicável
1 Erradicar a Pobreza	<input type="checkbox"/>
2 Erradicar a Fome	<input type="checkbox"/>
3 Saúde de Qualidade	<input type="checkbox"/>
4 Educação de Qualidade	<input type="checkbox"/>
5 Igualdade de Género	<input type="checkbox"/>
6 Água Potável e Saneamento	<input type="checkbox"/>
7 Energias Renováveis e Acessíveis	<input type="checkbox"/>
8 Trabalho Digno e Crescimento Económico	<input type="checkbox"/>
9 Indústria, Inovação e Infraestruturas	<input type="checkbox"/>
10 Reduzir as Desigualdades	<input type="checkbox"/>
11 Cidades e Comunidades Sustentáveis	<input type="checkbox"/>
12 Produção e Consumo Sustentáveis	<input type="checkbox"/>
13 Ação Climática	<input type="checkbox"/>
14 Proteger a Vida Marinha	<input type="checkbox"/>
15 Proteger a Vida Terrestre	<input type="checkbox"/>
16 Paz, Justiça e Instituições Eficazes	<input type="checkbox"/>
17 Parcerias para a Implementação dos Objetivos	<input type="checkbox"/>

Especifique de que forma a proposta contribui para o cumprimento do(s) objetivo(s) assinalado(s),  
Indicando as metas aplicáveis.

Consulte os ODS para Cascais em [cascais.pt/Cascais2030](https://cascais.pt/Cascais2030)

The commitment:

## 1 – Cascais 2030 SDG Checklist

# Digital Health & Access to Care | Case Study #3

## 2 - PLATFORM CASCAIS2030

**CASCAIS** VIVER VISITAR INVESTIR AGENDA

MUNICÍPIO TERRITÓRIO FAMÍLIA CIDADANIA CULTURA E LAZER EMPRECO

Objetivo 3: Saúde de qualidade

Like 0 Share

**3 SAÚDE DE QUALIDADE**

EXECUÇÃO DO OBJETIVO EM CASCAIS

O progresso tecnológico e as políticas de saúde globais merecem ser avaliados para garantir que os seus benefícios sejam partilhados por todas as comunidades, independentemente das suas condições culturais e capacidade financeira.

Importa destacar que as políticas de saúde não são apenas uma forma de disseminar as boas práticas e cuidados médicos.

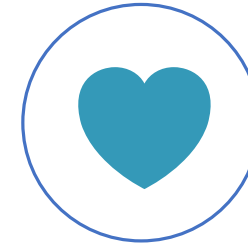
Cascais 2030 Local Network

Budgetary and Policy Recommendations

## Digital Health & Access to Care | Case Study #4

### 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.



**Health**



**Education**

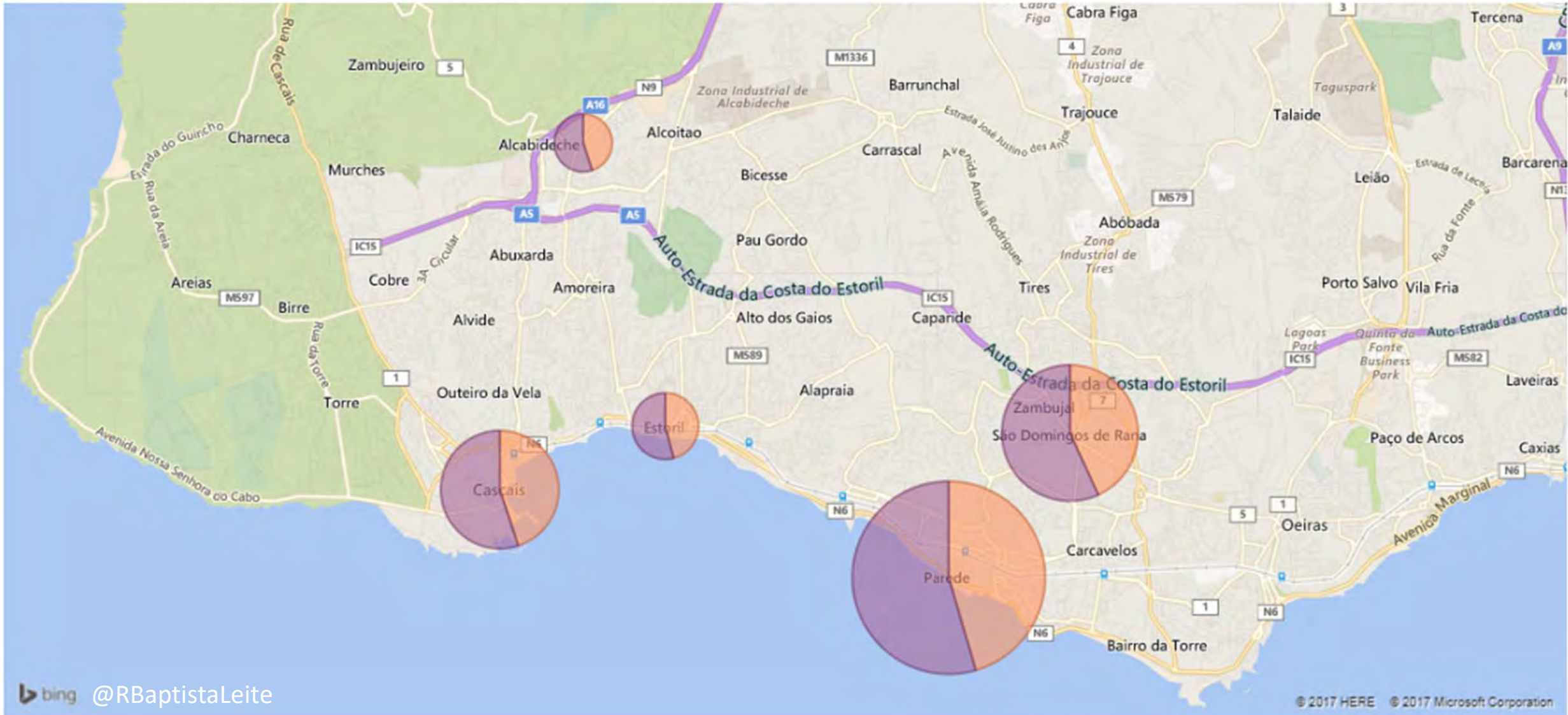


**Social Services**

# Digital Health & Access to Care | Case Study #4

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...



## *Equity & Social Determinants of Health| Key Messages (1)*

- **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.



## ***Equity & Social Determinants of Health| Key Messages (2)***

- **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**
  - **Enviorments that promote criativity and innovation**



"It always seems impossible until it's done."

**-Nelson Mandela**



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