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**Health and Health Care in Developing Countries: Closing the Gaps**

Challenges and Solutions for Primary Health Care in Low Resource Settings

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**Health**

The most effective and efficient ways to improve health often has little to nothing to do with health care

 Better toilets	 Cleaner drinking water	 Insecticide treated bed nets	 Chlorine tablets
 Smoking cessation	 Using ORS to treat diarrhea	 Exclusive breast feeding	 Efficient cook stoves

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**A cautionary note asking for empathy**

 Sanitation	 Drinking water	 Mosquito control
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A first reaction to many of activities we recommend for use by the poor is that the benefits should be obvious  
Of course we would use them if we needed to  
Note however, that you are healthy because someone else created a health and safety infrastructure to protect you automatically

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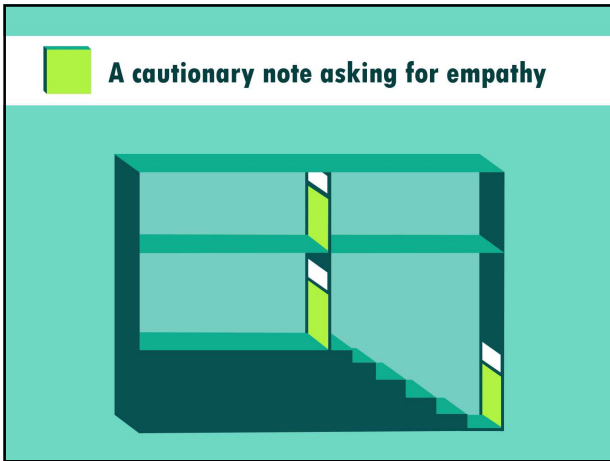
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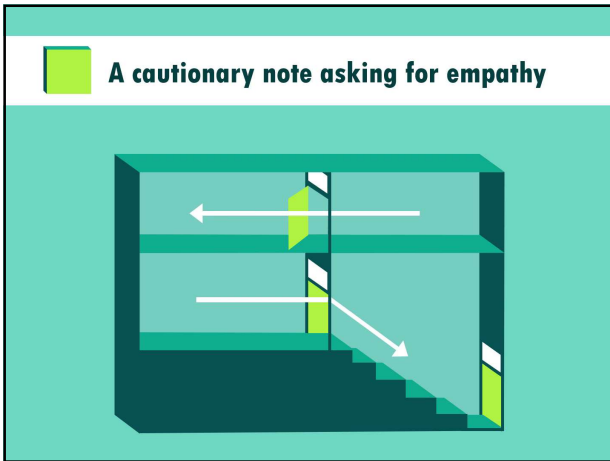
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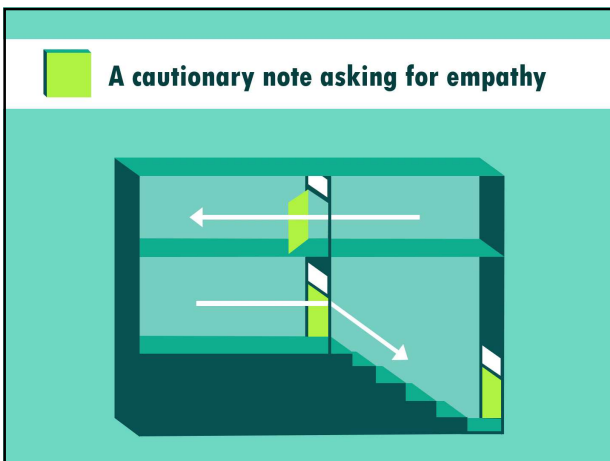
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### Gaps

Despite tested and proven efficacy and surprisingly low costs, adoption is often low

<b>Knowledge gap</b>	<b>Information-action gap</b>	<b>Intention-action gap</b>
<i>I do not know that smoking is dangerous</i>	<i>I know that smoking is bad for my health, but I continue to smoke</i>	<i>I would like to stop smoking, but I have not actually done it yet</i>

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### Health care (primary health care)

Preventive care



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### Health care (primary health care)

Preventive care



Vaccines



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**Health care (primary health care)**

Preventive care

- Vaccines
- Prenatal visits

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**Health care (primary health care)**

Preventive care

- Vaccines
- Prenatal visits
- Healthy child visits

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**Health care (primary health care)**

Preventive care

- Vaccines
- Prenatal visits
- Healthy child visits

Low cost curative care

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**Health care (primary health care)**

Preventive care

- Vaccines
- Prenatal visits
- Healthy child visits

Low cost curative care

- Clinics and health centers

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**Health care (primary health care)**

Preventive care

- Vaccines
- Prenatal visits
- Healthy child visits

Low cost curative care

- Clinics and health centers
- Nurses and GPs

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**Health care (primary health care)**

Preventive care

- Vaccines
- Prenatal visits
- Healthy child visits

Low cost curative care

- Clinics and health centers
- Nurses and GPs

More expensive curative care

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### Health care (primary health care)

Preventive care

- Vaccines
- Prenatal visits
- Healthy child visits

Low cost curative care

- Clinics and health centers
- Nurses and GPs

More expensive curative care

- Hospitals

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### Health care (primary health care)

Preventive care

- Vaccines
- Prenatal visits
- Healthy child visits

Low cost curative care

- Clinics and health centers
- Nurses and GPs

More expensive curative care

- Hospitals
- Specialist care

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### Access to quality primary health care

In low resource settings the problem with primary health care is not access to health care facilities and it is not a willingness to seek health care, it is access to **quality** health care

Patients know and value quality care, but we often misunderstand how difficult it is for them to access that care

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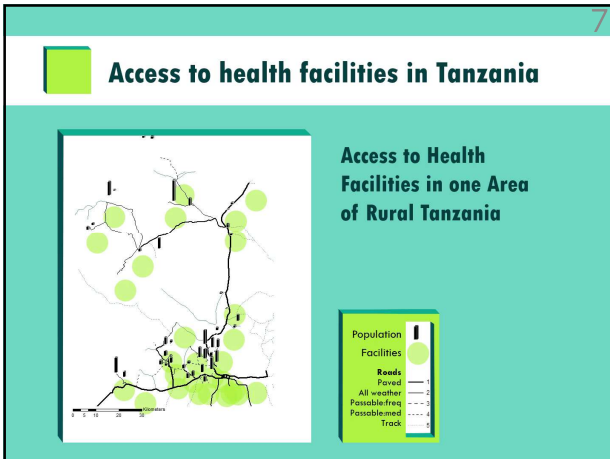
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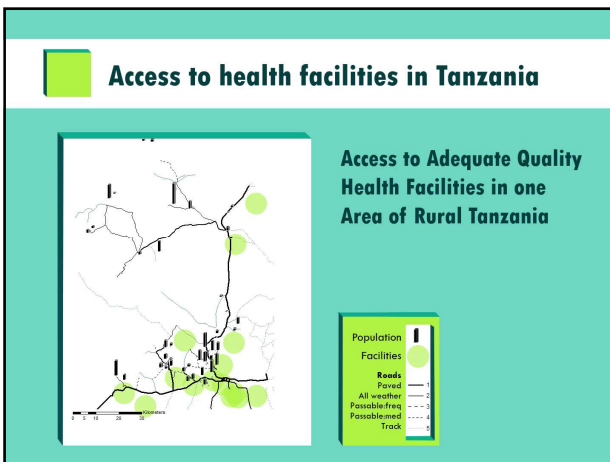
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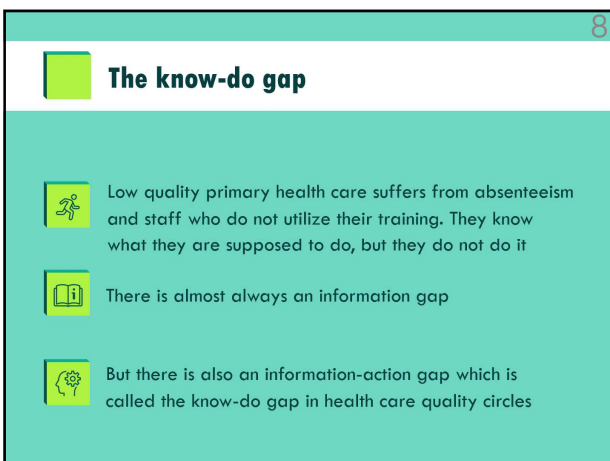
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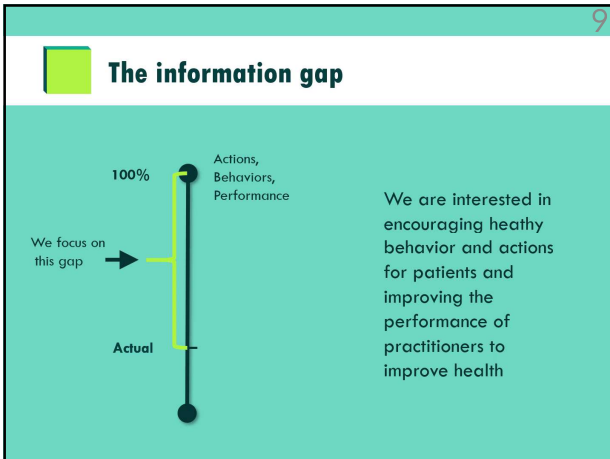
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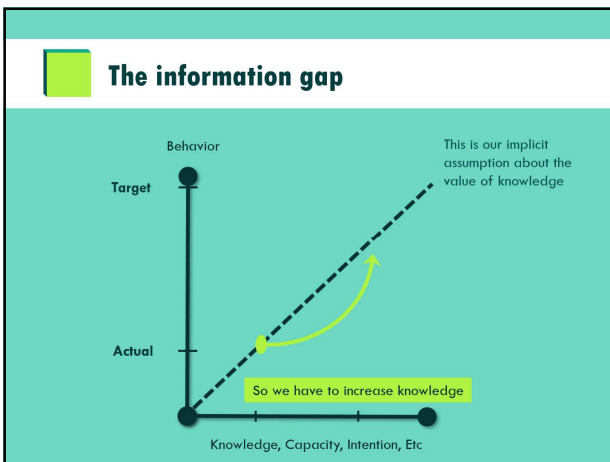
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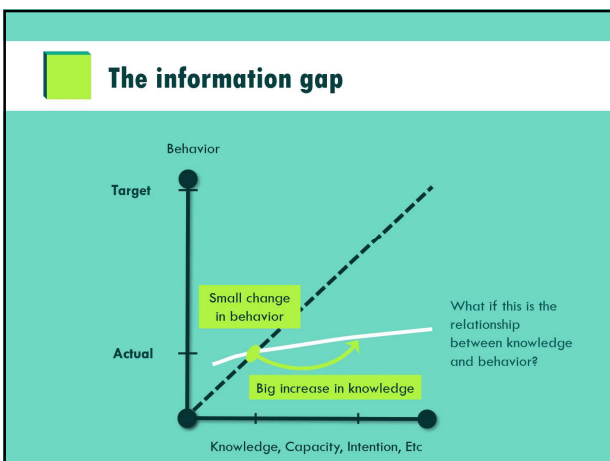
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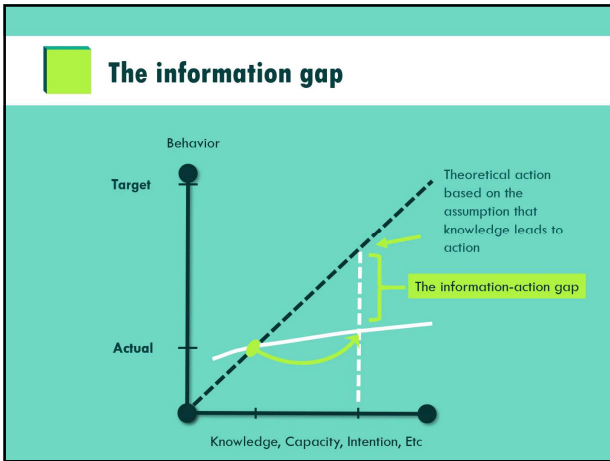
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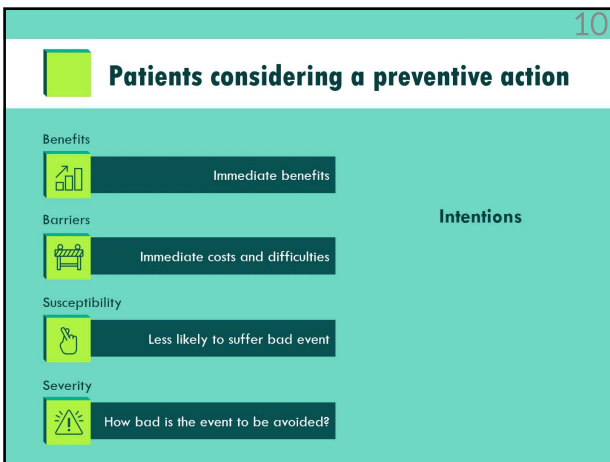
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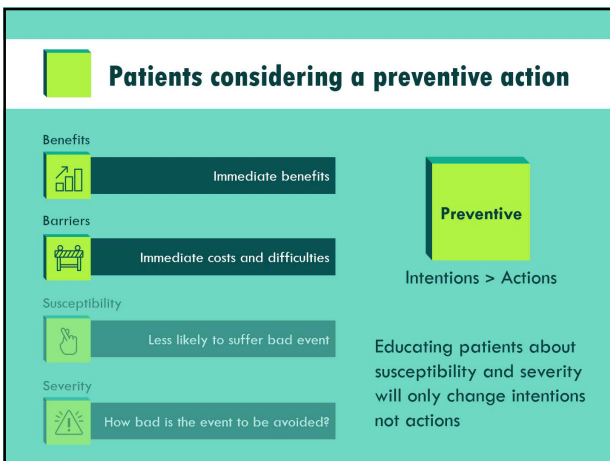
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### Patients considering a preventive action

**Benefits**  
 Immediate benefits

**Barriers**  
 Immediate costs and difficulties

**Susceptibility**  
 Less likely to suffer bad event

**Severity**  
 How bad is the event to be avoided?

**Preventive**  
 Intentions > Actions

**Curative**  
 Intentions = Actions

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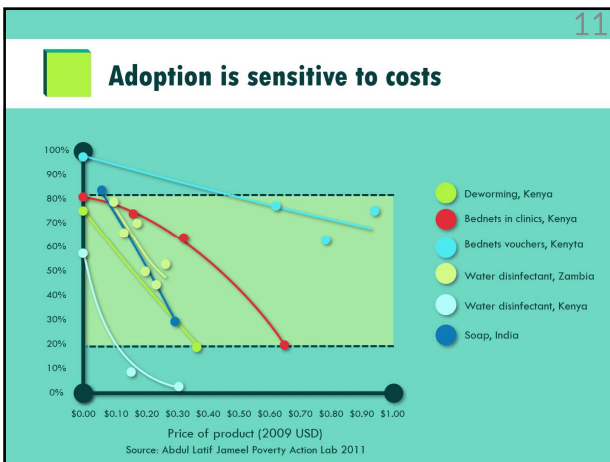
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### Habit formation

- A habit is an action that we take relatively automatically, it does not require deliberative effort
- Even if we don't like a habit, even if we intend to change that habit, there are costs to doing so
- Habits create their own benefits and put up their own costs
- This is great for good habits, but not so good for bad habits

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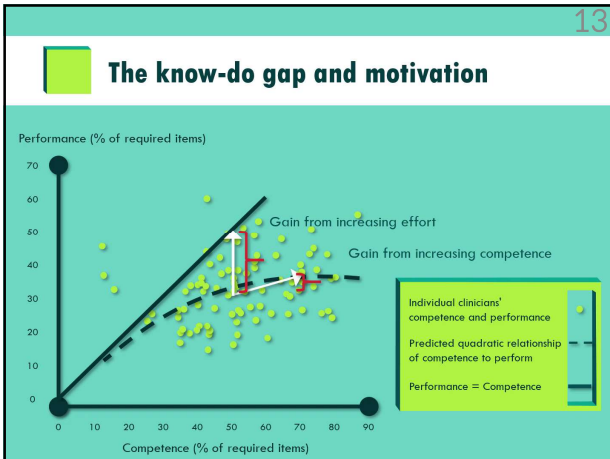
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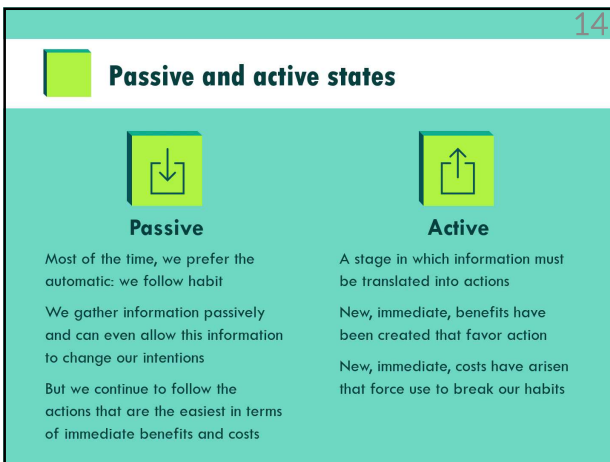
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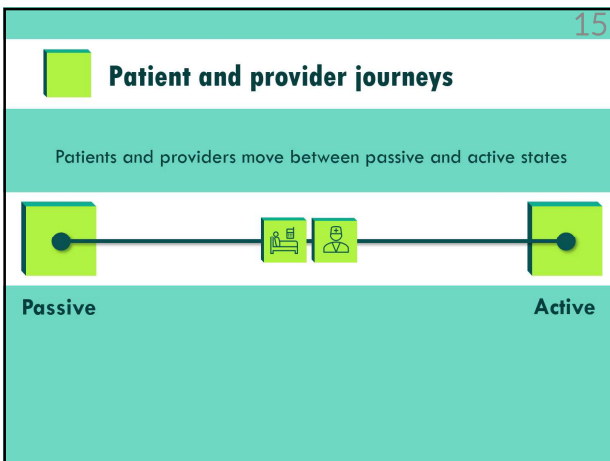
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**Patient and provider journeys**

Patients and providers move between passive and active states

**Passive**
**Active**

They are receptive to new ideas and can form habits

They act deliberately

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**Patient and provider journeys**

Patients and providers move between passive and active states

**Passive**
**Active**

They are receptive to new ideas and can form habits

They act deliberately

They act automatically

The timing of active and passive stages is not always ideal

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**Providers can switch from passive to active**

Adherence (Percentage of items correct)

Providers react to the presence of a peer by significantly increasing the quality of care

Doctor observed from  $t = 1$

Doctor never observed

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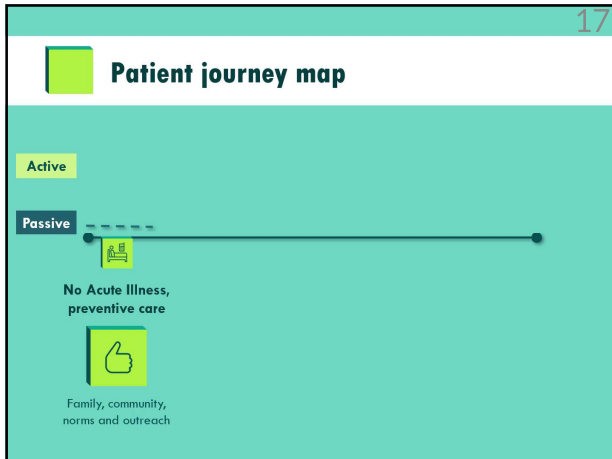
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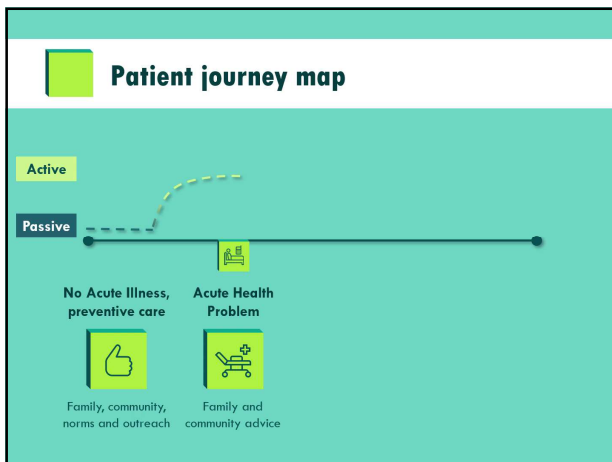
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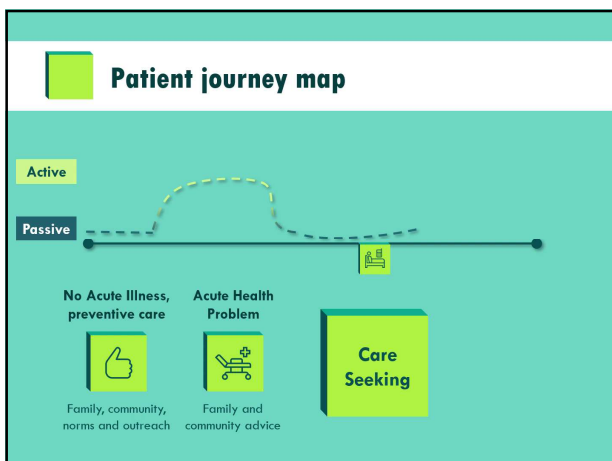
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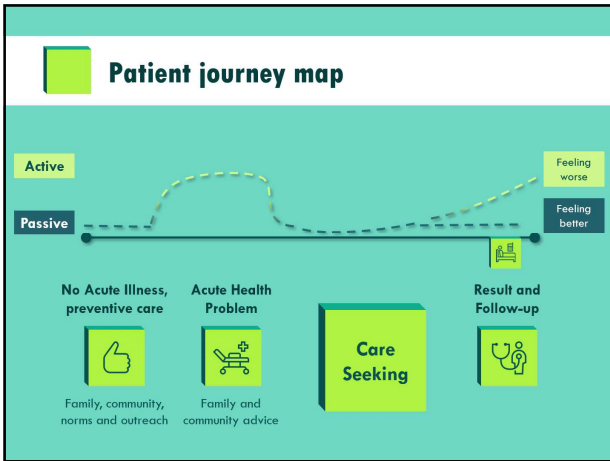
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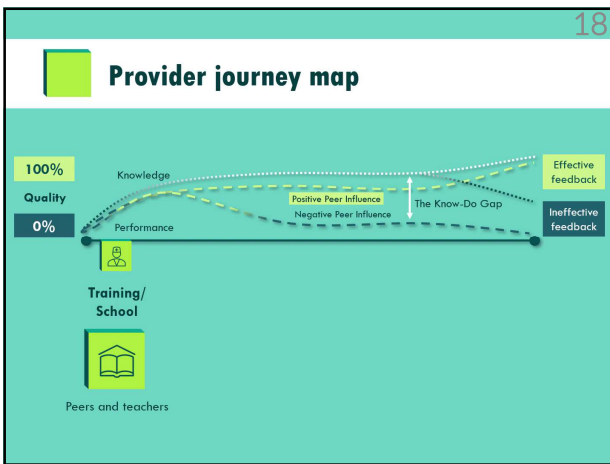
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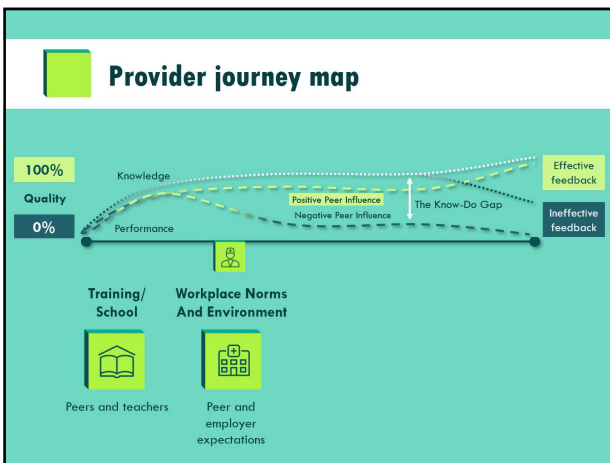
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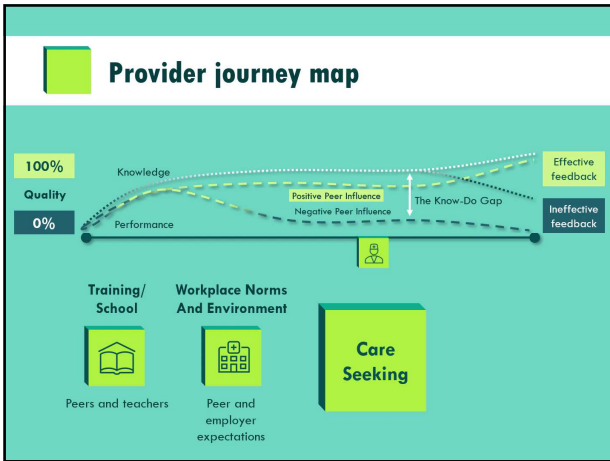
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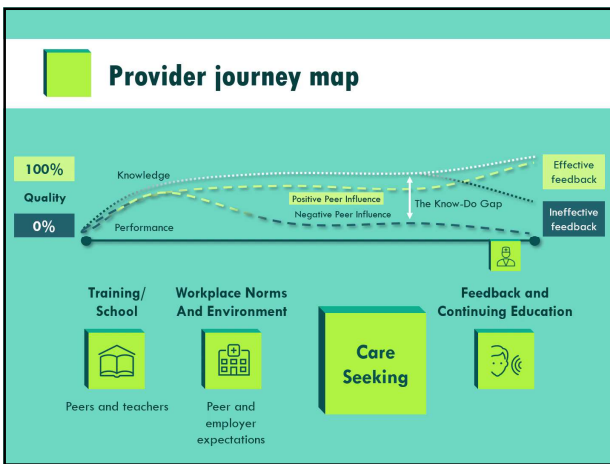
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**Technologies for better health**

- New technologies can help
- If the key to adoption is information, it is unlikely to be successful
- It must have
  - Immediate benefits or very low barriers



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**Technologies for better health**

- New technologies can help
- If the key to adoption is information, it is unlikely to be successful
- It must have
  - Immediate benefits or very low barriers
  - Or be supported by campaigns to create social benefits to adoption



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**Quality Health Care** 20

- Quality can be improved
- Training is rarely adequate
- Incentives to adopt good habits

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**Quality Health Care**

- Quality can be improved
- Training is rarely adequate
- Incentives to adopt good habits
  - Paying doctors when they do the right thing has proven successful in many cases, particularly in low resource settings

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**Quality Health Care**

- Quality can be improved
- Training is rarely adequate
- Incentives to adopt good habits
  - Paying doctors when they do the right thing has proven successful in many cases, particularly in low resource settings
  - Many studies show that the attention generated by creating a framework for Pay for Performance is often enough to increase quality by itself

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**Quality Health Care**

Providers live in a world where they do not have access to immediate benefits from doing the right thing:

**This has to change**

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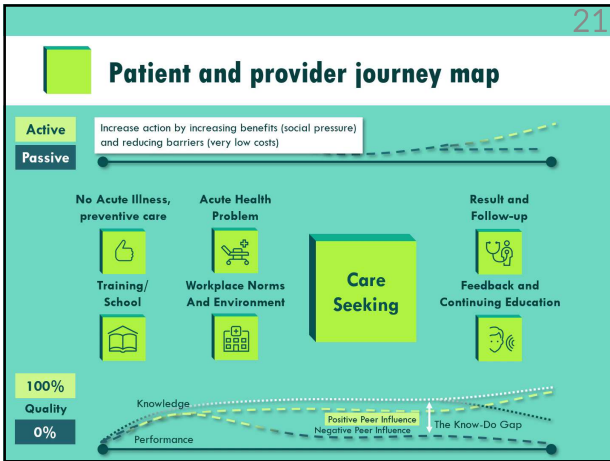
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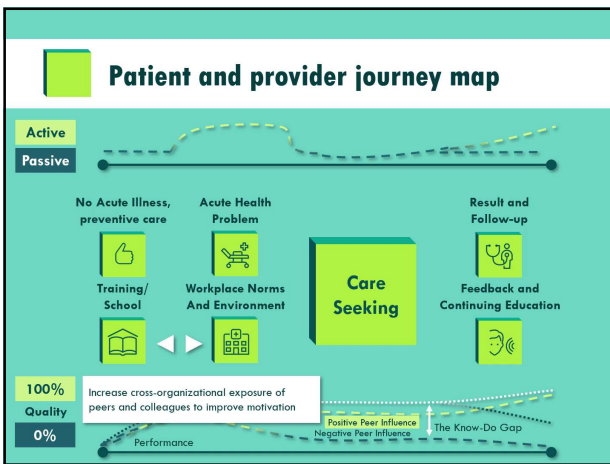
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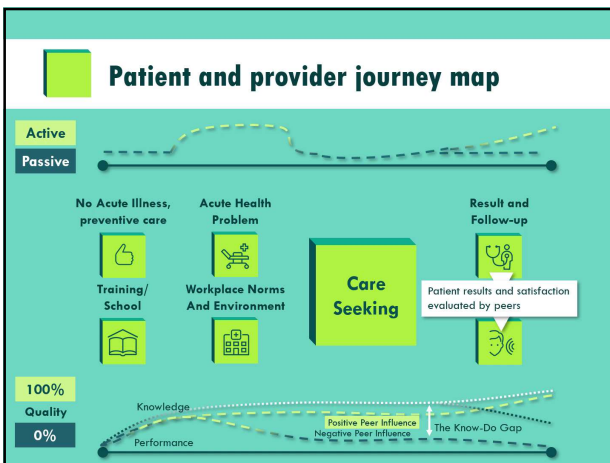
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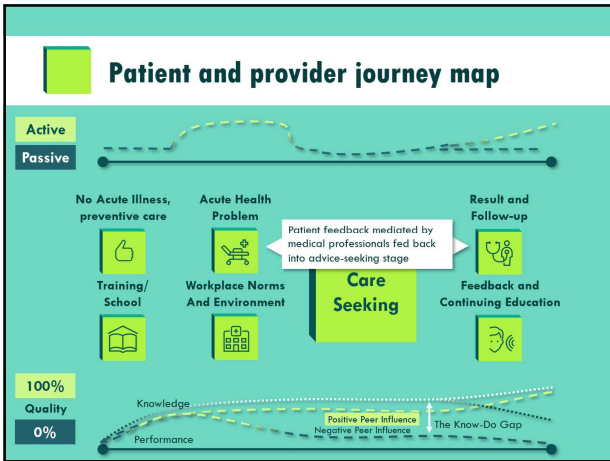
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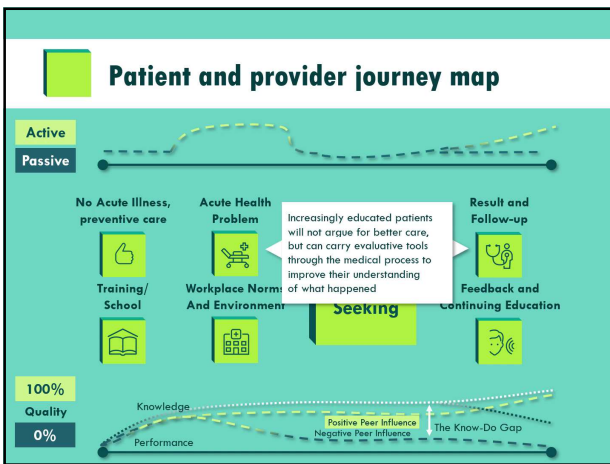
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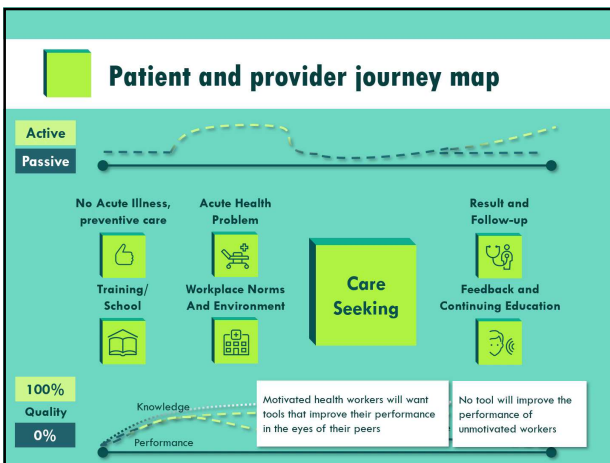
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### Closing the gaps

We need to recognize that technology, information and training are inadequate because human beings are human

Empathy: poor people face much more severe problems, but they are otherwise very similar to us. The help we need to help ourselves is also help they need to help themselves

- Create social benefits to adoption and habit formation
- Give practitioners reasons to care about what they do

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### Closing the gaps

New ideas should focus on closing gaps not just ways to improve our health:

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### Closing the gaps

New ideas should focus on closing gaps not just ways to improve our health:

- Many of the technologies we have in an interconnected world are about creating immediate benefits and lowering immediate costs to form new habits

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**Closing the gaps**

New ideas should focus on closing gaps not just ways to improve our health:

- Many of the technologies we have in an interconnected world are about creating immediate benefits and lowering immediate costs to form new habits
- Work backwards from people's daily lives to find solutions to difficulties they face on a daily basis recognizing that even difficulties can form habits

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**Closing the gaps**

New ideas should focus on closing gaps not just ways to improve our health:

- Many of the technologies we have in an interconnected world are about creating immediate benefits and lowering immediate costs to form new habits
- Work backwards from people's daily lives to find solutions to difficulties they face on a daily basis recognizing that even difficulties can form habits

Remember that we don't expect poor people in developed countries to clean their own water or kill mosquitoes: **sometimes health technologies need to be provided for free**

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**HSTalks**  
By leading world experts

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