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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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3

A cautionary note asking for empathy

- Sanitation
- Drinking water
- Mosquito control

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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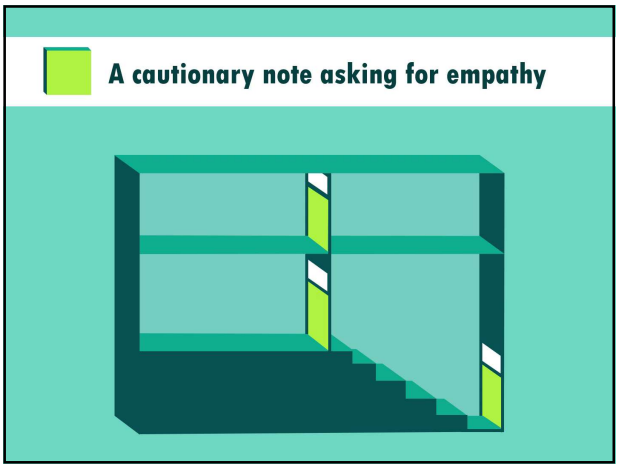

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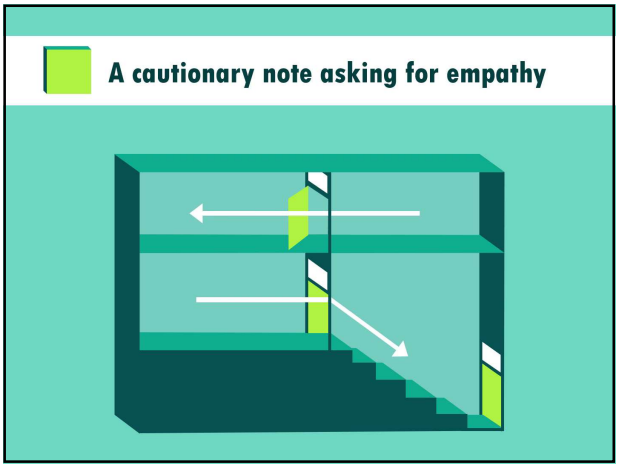

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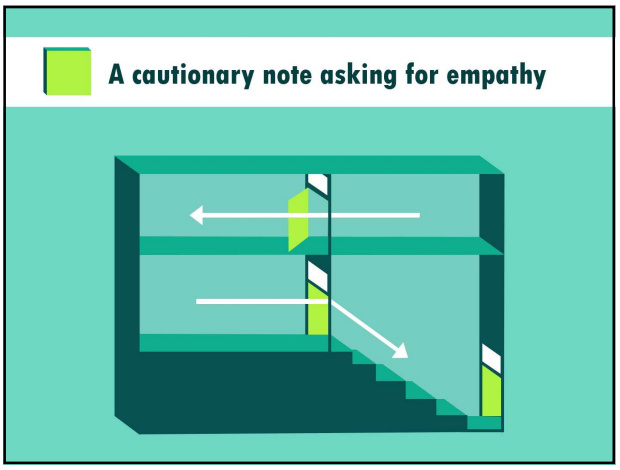

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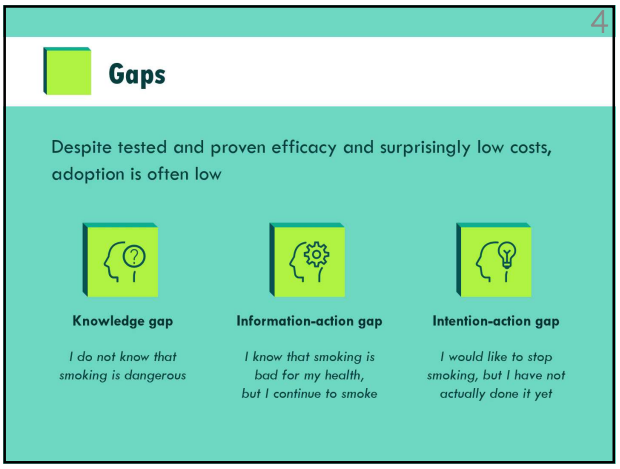

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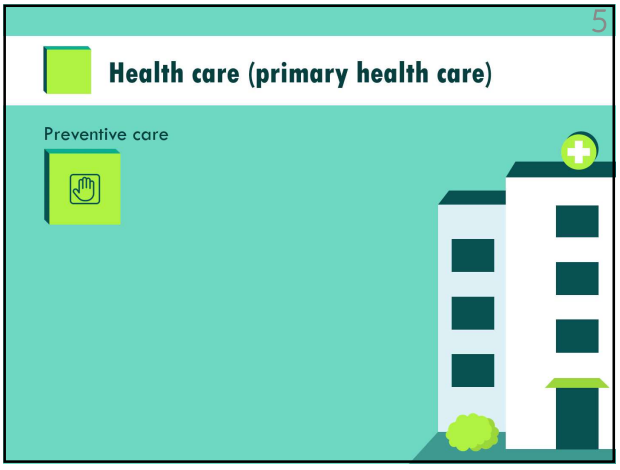

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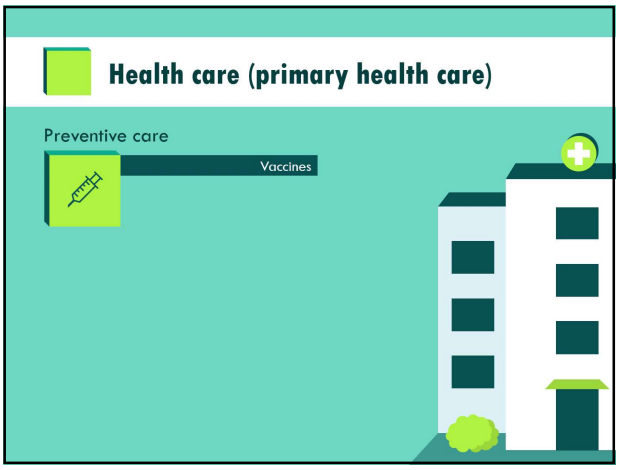

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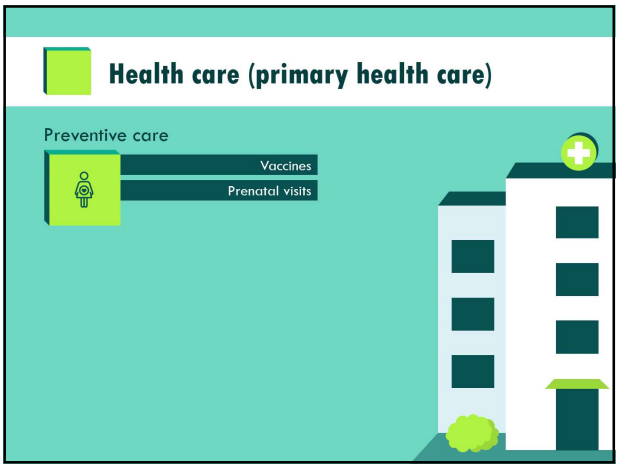

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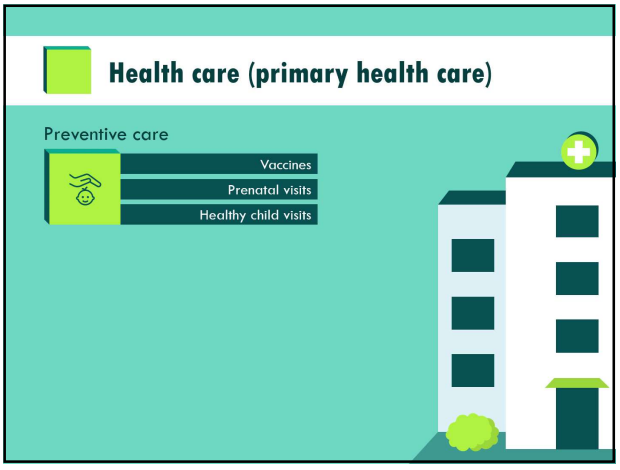

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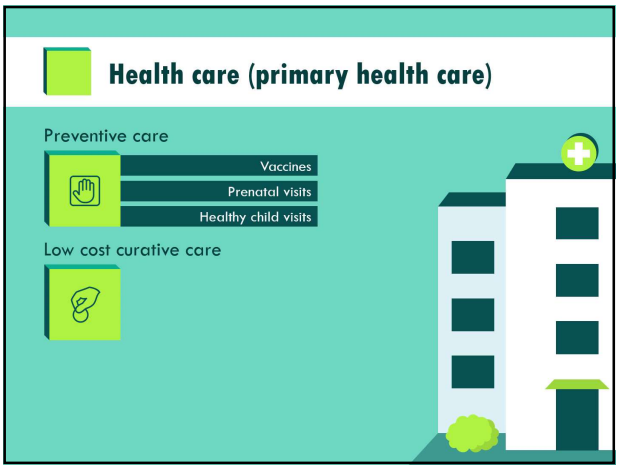

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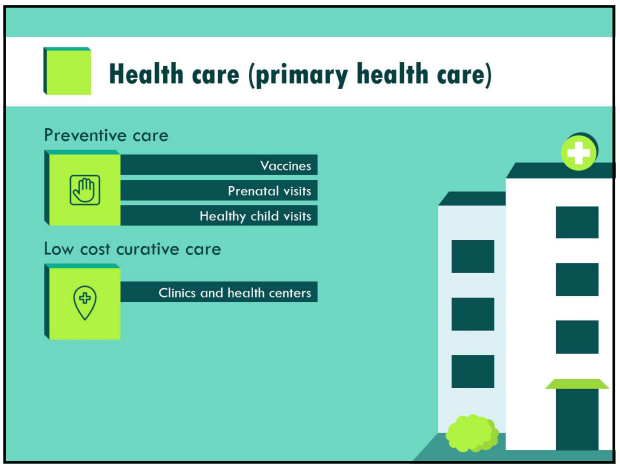

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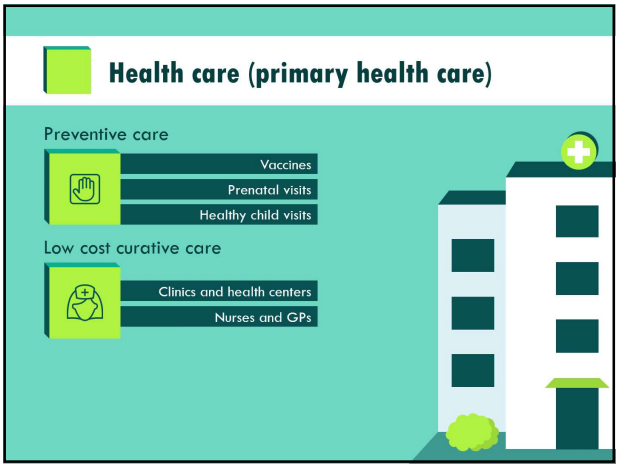

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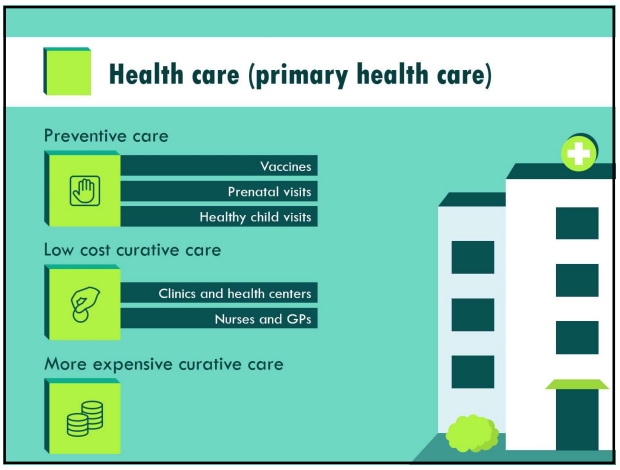

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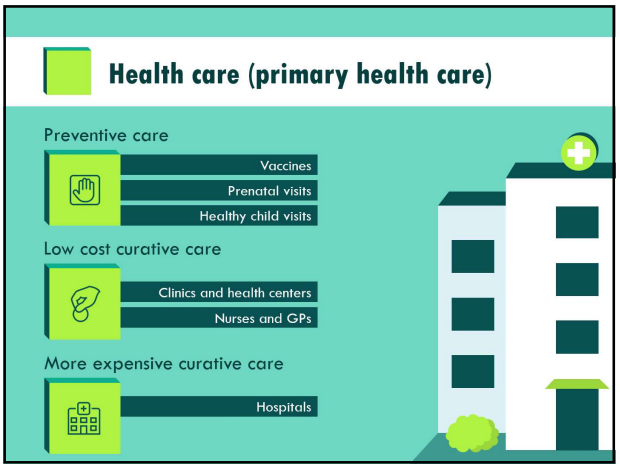

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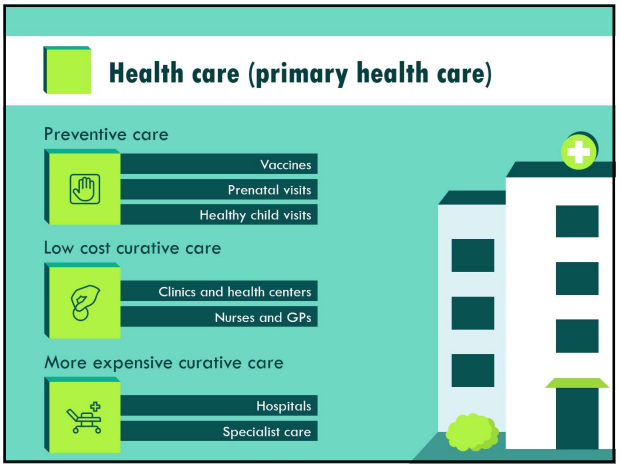

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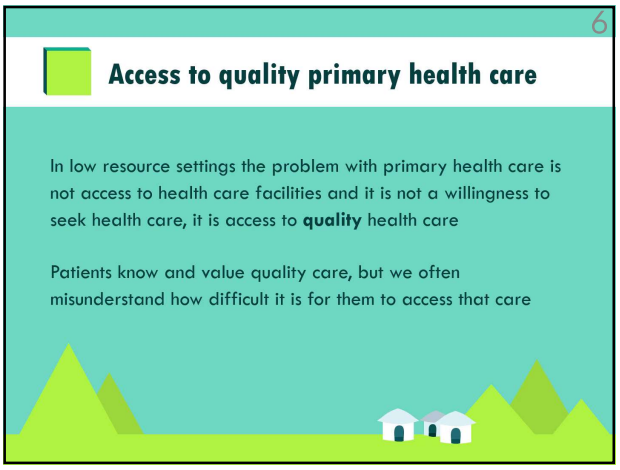

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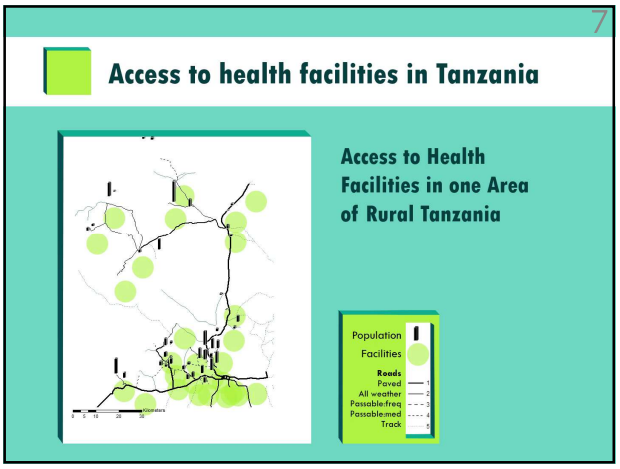

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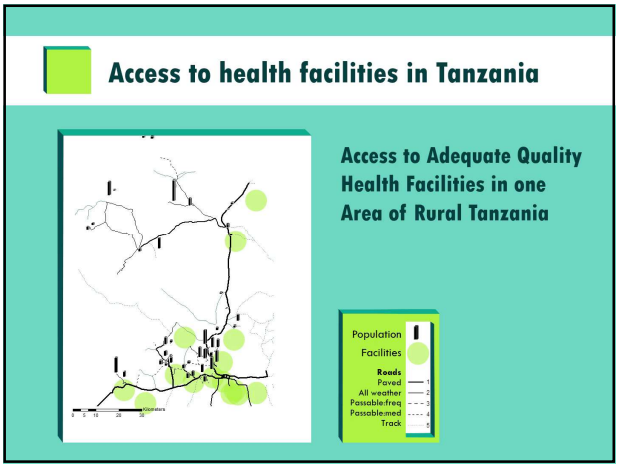

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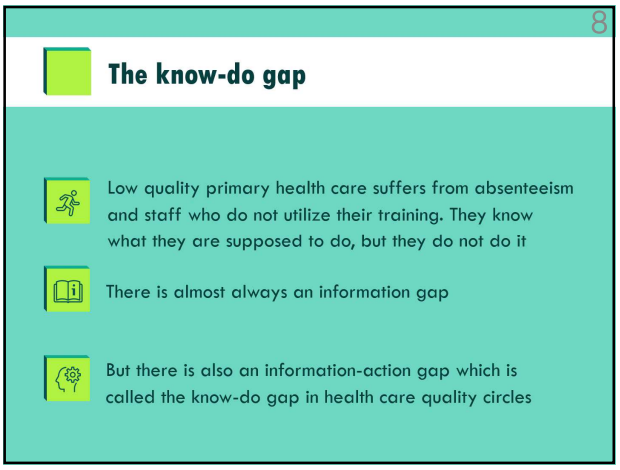

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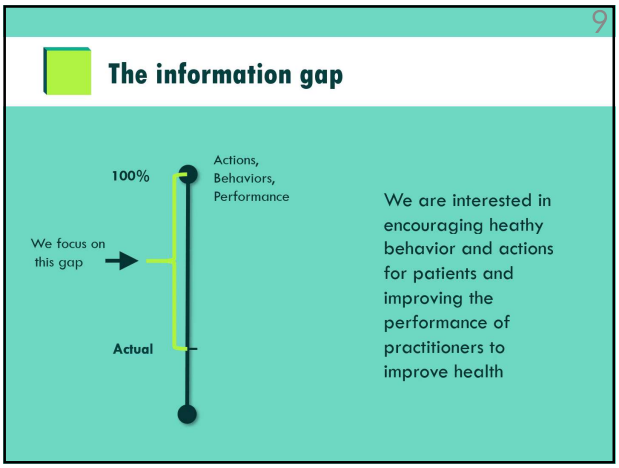

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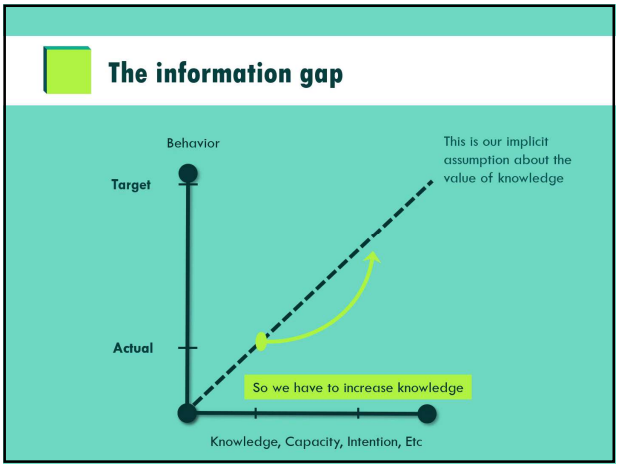

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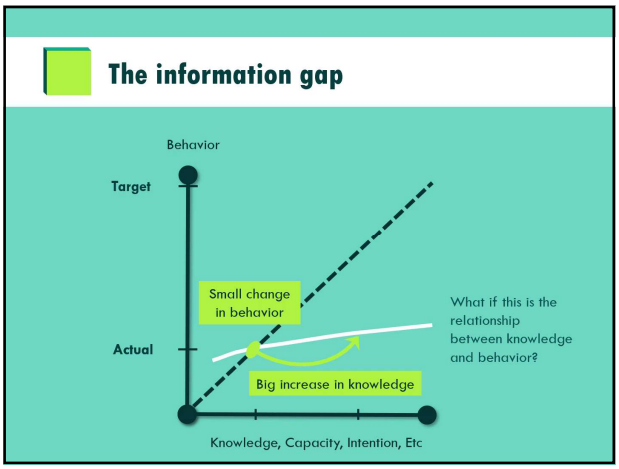

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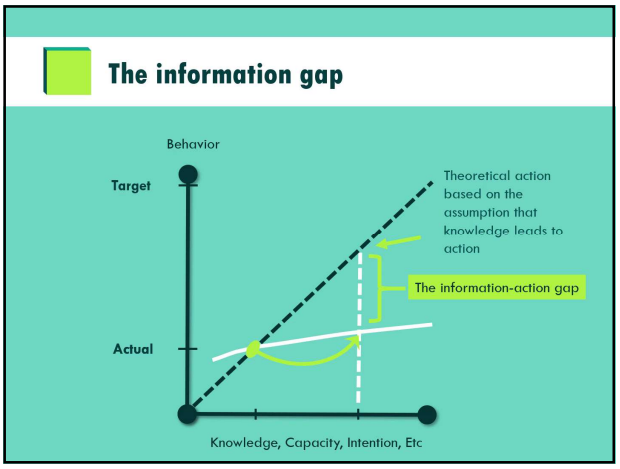

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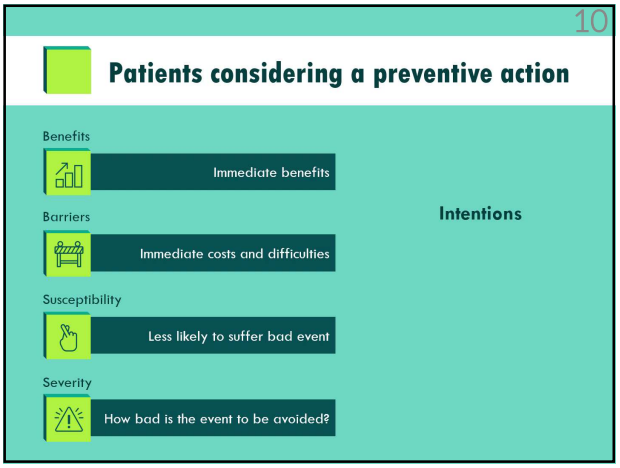

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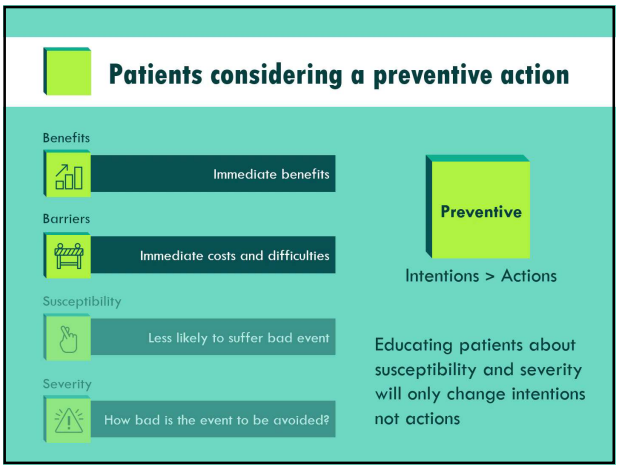

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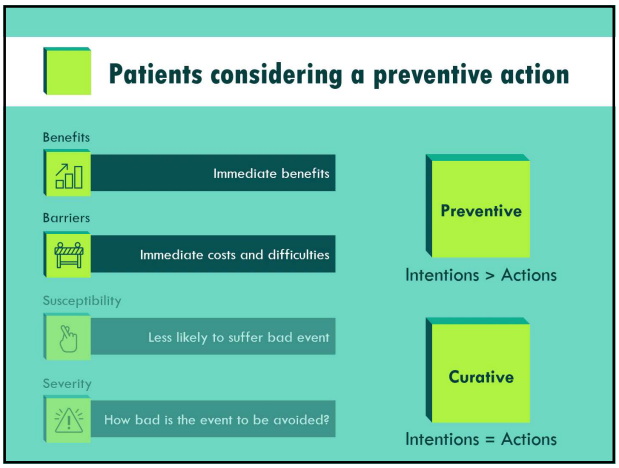

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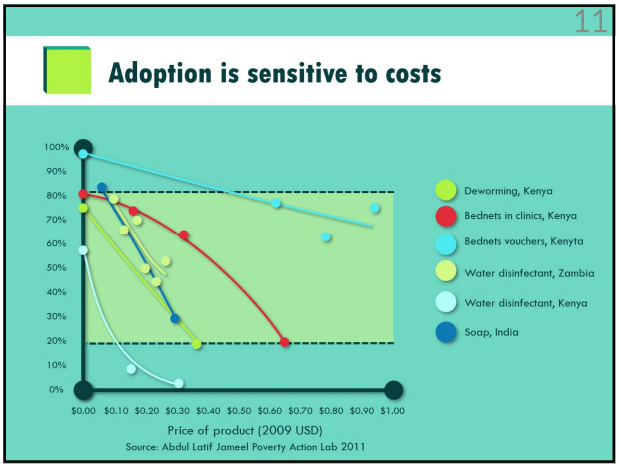

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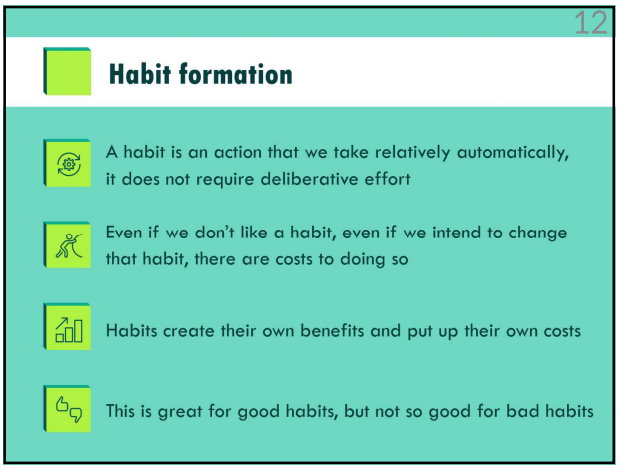

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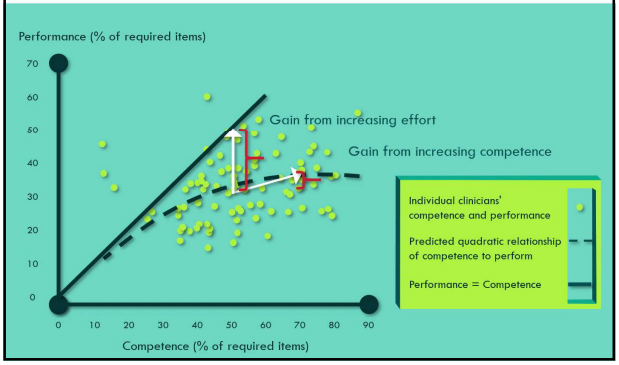
The know-do gap and motivation



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Passive and active states

Passive

Most of the time, we prefer the automatic: we follow habit

We gather information passively and can even allow this information to change our intentions

But we continue to follow the actions that are the easiest in terms of immediate benefits and costs

Active

A stage in which information must be translated into actions

New, immediate, benefits have been created that favor action

New, immediate, costs have arisen that force use to break our habits

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Patient and provider journeys

Patients and providers move between passive and active states

Passive **Active**

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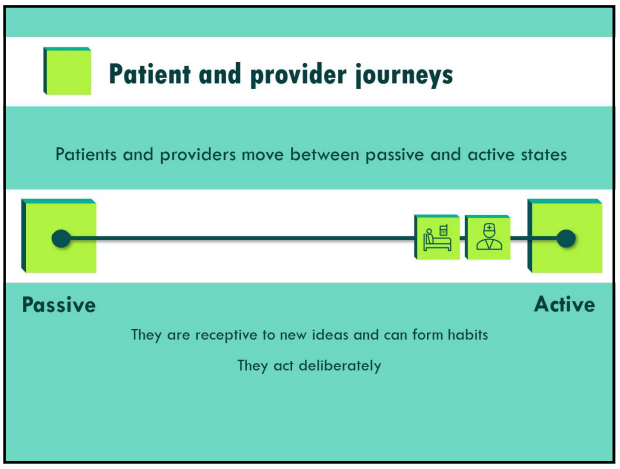

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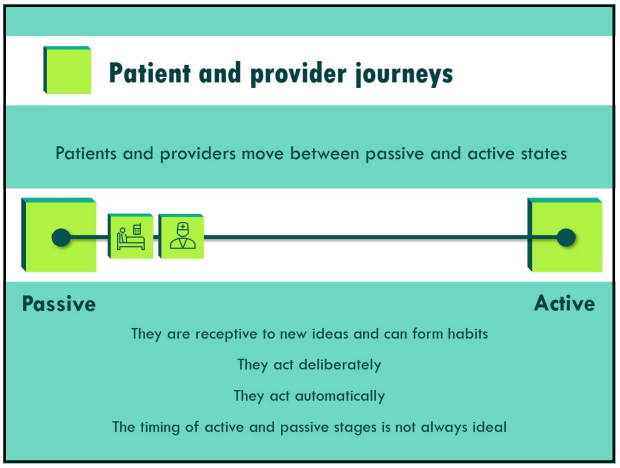

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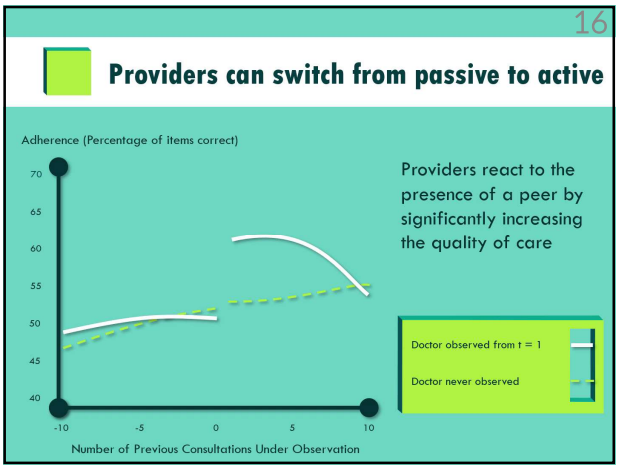

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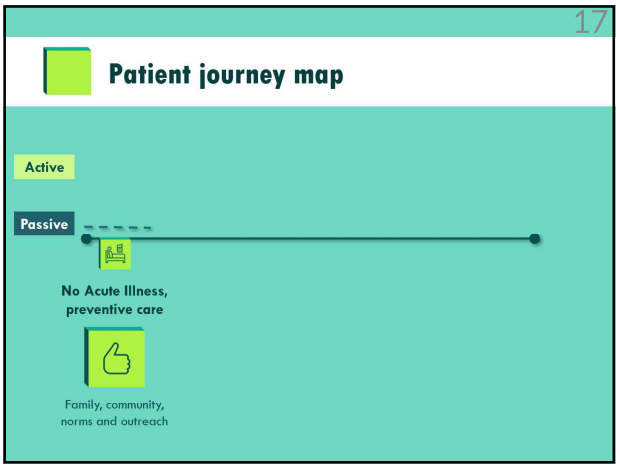

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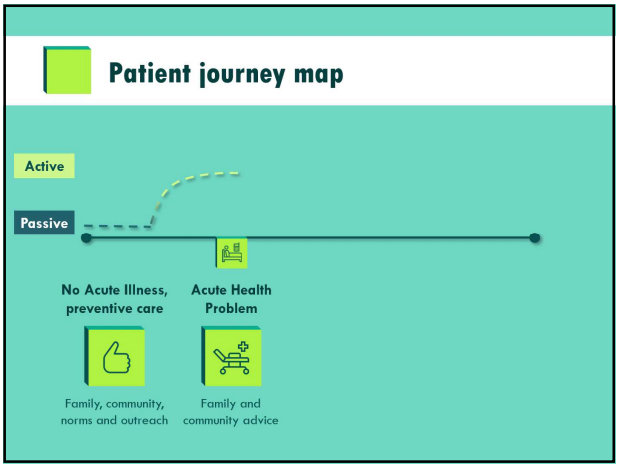

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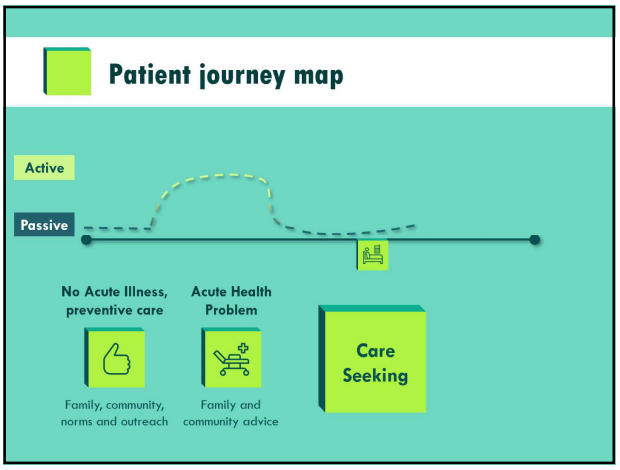

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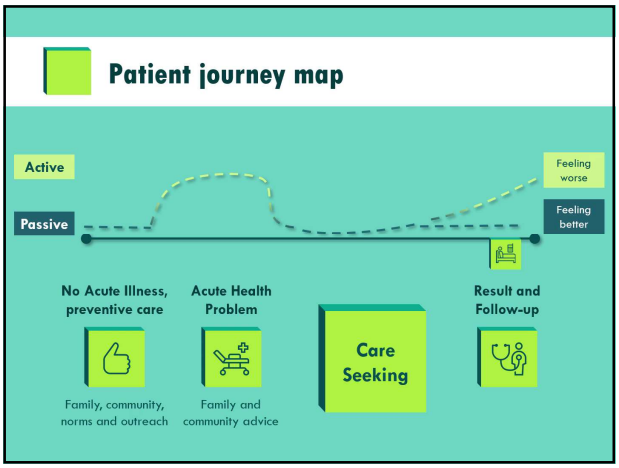

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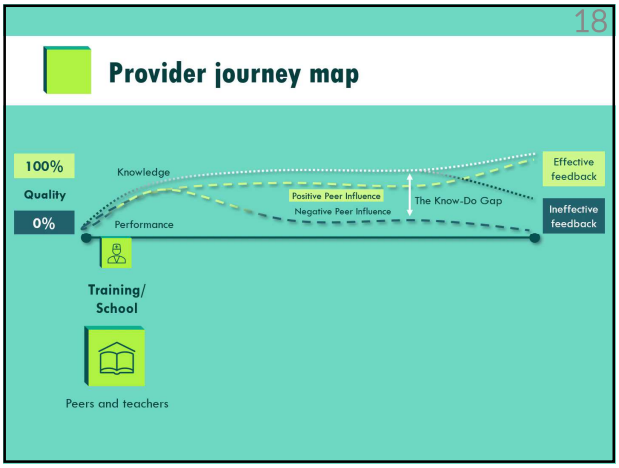

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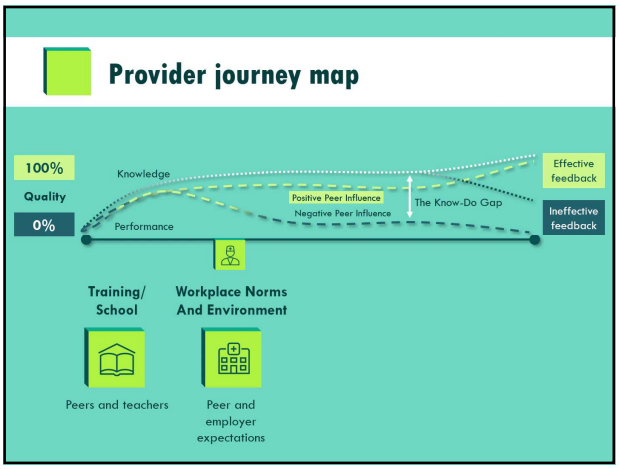

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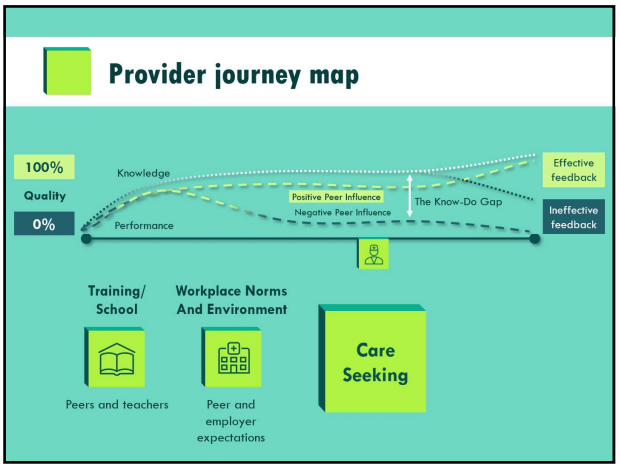

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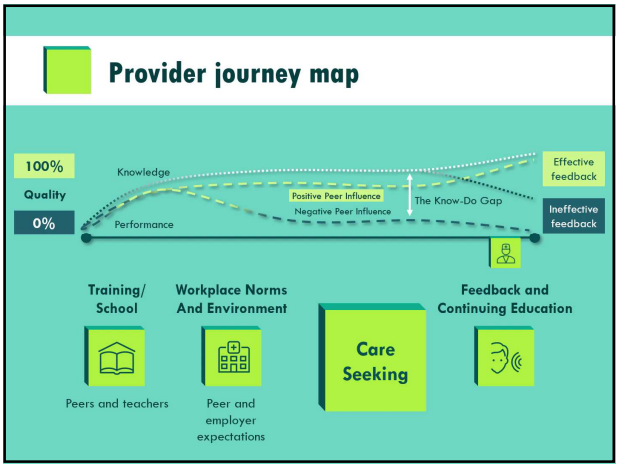

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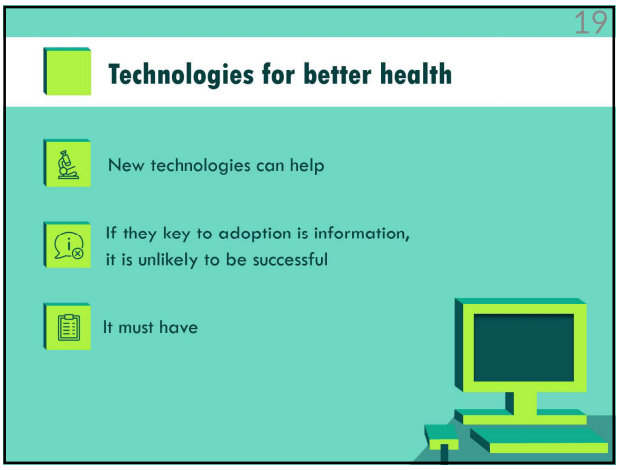

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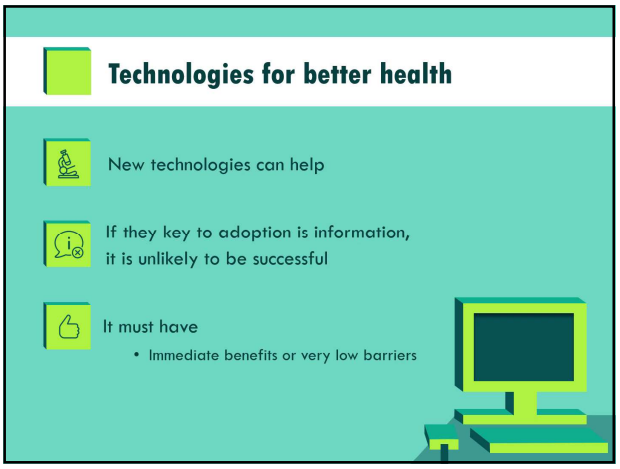

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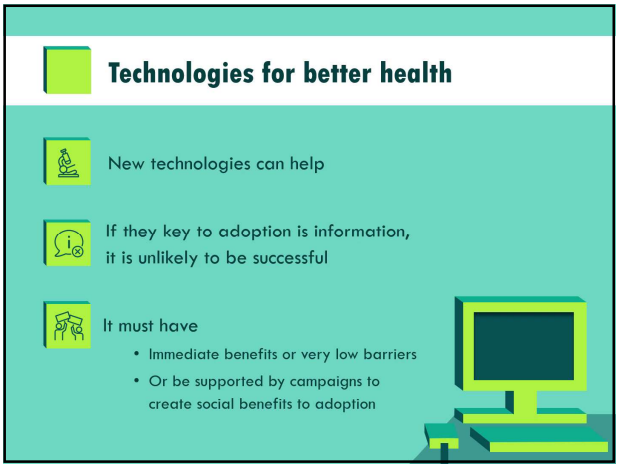

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Quality Health Care

- 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:

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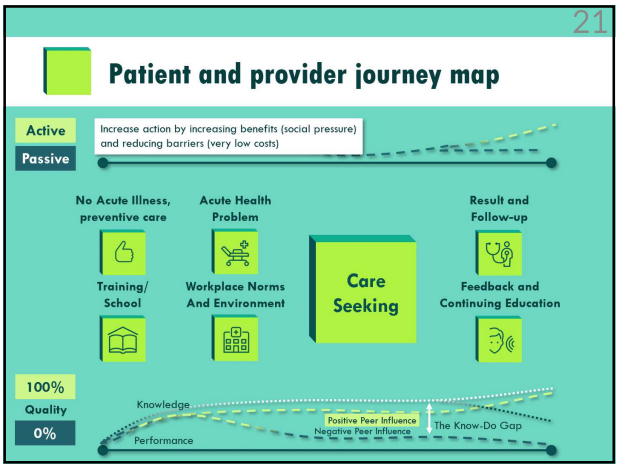

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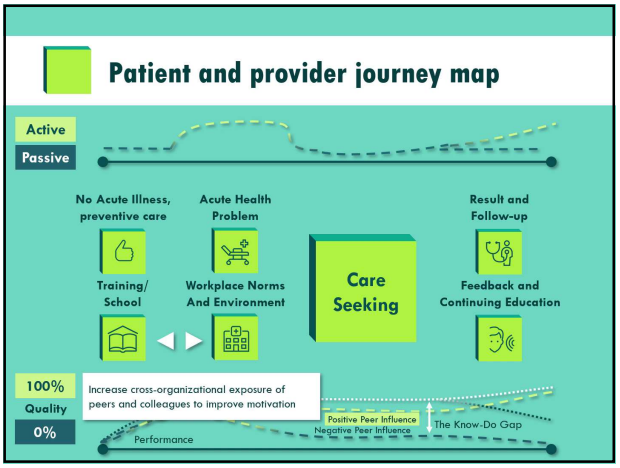

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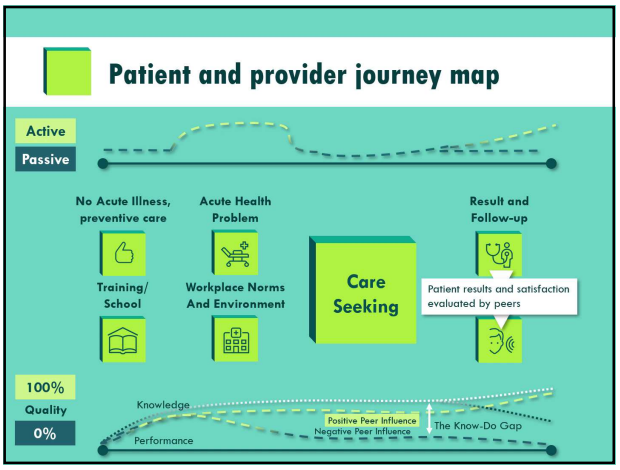

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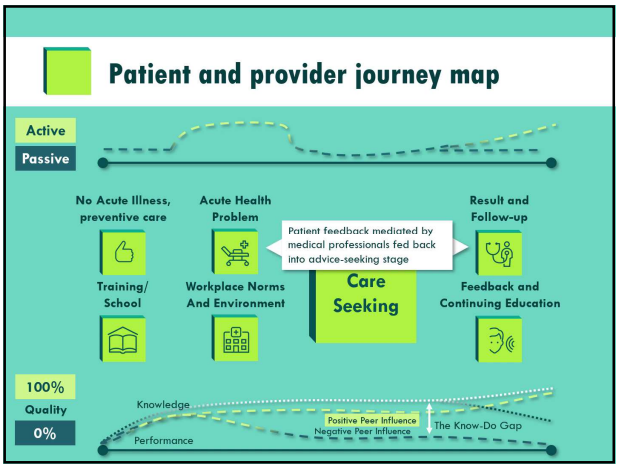

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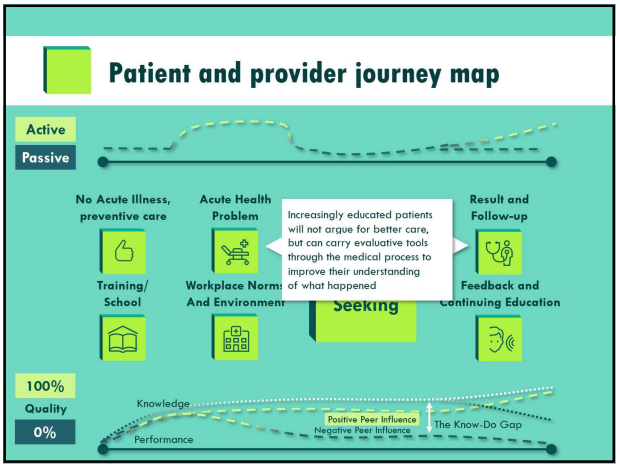

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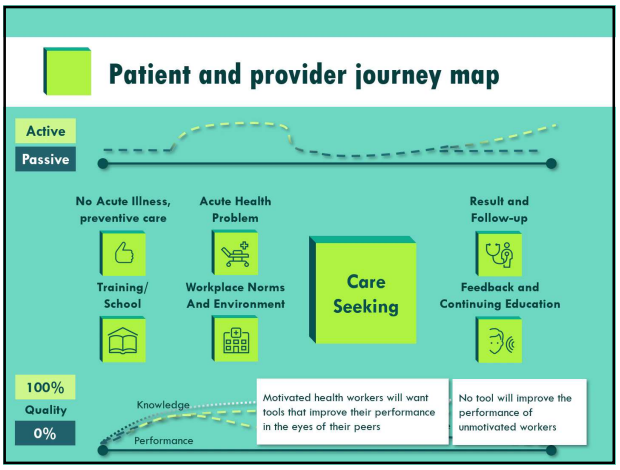

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Closing the gaps

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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