JOHNS HOPKINS
BLOOMBERG
SCHOOL *of* PUBLIC HEALTH

Establishing Health Services

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Lecture Outline

- Section A: Health Needs
- Section B: Disease Focus vs. Health Focus
- Section C: What Should a Health System Be Able to Do in Emergencies?
- Section D: Manner of Providing Health Services
- Section E: Making Specific Decisions
- Section F: How Much of What Is Needed?

Section A

Health Needs

What are the Health-Related Needs of the Displaced?

◆ When people are displaced to an area, what would cause them to become ill?

- – Diseases they brought with them
- – Diseases they acquired locally
- – Diseases related to changes in their circumstances

What Health Services Do Displaced Persons Need?

◆ Treatment of diseases and injuries

◆ Prevention of illness via medical means

Primary Prevention	Immunization against measles, meningitis, etc.
Secondary Prevention	Treatment of tuberculosis, leprosy, cholera, etc.
Tertiary Prevention	Rehabilitation of land mine injuries

What Health Services Do Displaced Persons Need?

◆ Provision of health-related services

– Water, food, shelter

◆ Identifying the vulnerable for improved access to those at risk of disease

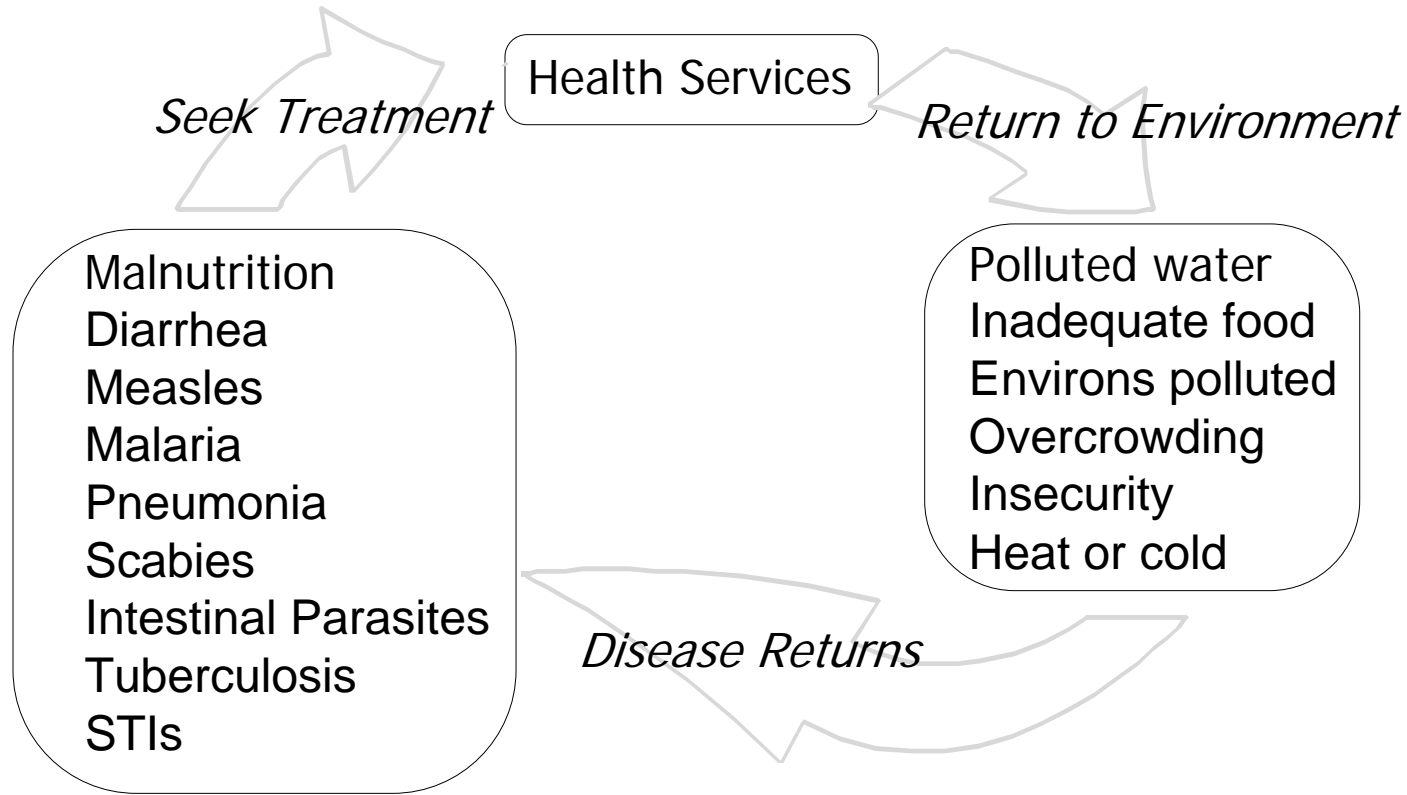◆ A major risk factor is forced dependency

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Section B

Disease Focus vs. Health Focus

Disease Focus vs. Health Focus

- Disease focus unable to address issues
- Disease is not just the absence of correct diagnosis and treatment
- Disease is the absence of a correct public health approach looking at all factors which address health of a community

Vicious Cycle of Health Care

◆ Curative services futile if not coupled with public health measures

Seek Treatment

Health Services

Return to Environment

Malnutrition
Diarrhea
Measles
Malaria
Pneumonia
Scabies
Intestinal Parasites
Tuberculosis
STIs

Polluted water
Inadequate food
Environs polluted
Overcrowding
Insecurity
Heat or cold

Disease Returns

Section C

What Should a Health System Be Able to Do in Emergencies?

What Should a Health System Be Able to Do in Emergencies?

◆ Overall goals for the health system

   – Reduce crude death rates to regional levels

   – Improve health status to regional norms

What Should a Health System Be Able to Do in Emergencies?

1. Diagnose and treat common conditions, especially if life-threatening
2. Active case-finding
3. Maintain adequate resources to sustain health services
4. Prevention of diseases
5. Measure/analyze activities and results
6. Communicate with and train staff

Specific Health Services: Child Health Care

◆ Immunization (EPI) programs

◆ Nutrition

- Promoting breastfeeding

- Growth monitoring

- Selective feedings if necessary

- Micronutrients – vitamin A, iron

Specific Health Services: Child Health Care

◆ Treat childhood illness (IMCI approach)
◆ Standard treatment protocols

Specific Health Services: General Curative Care

- Common diseases
  - Priorities, e.g., measles, ARI
  - Trauma and fractures
  - Chronic diseases, e.g. TB, asthma

- In mid-level development countries
 - Diabetes, hypertension, heart disease, arthritis

Specific Health Services: General Curative Care

- Provision for outpatient and inpatient care
- Prescription of drugs in an acceptable manner

Specific Health Services: Reproductive Health Care

- Care during pregnancy
  - Provide for safe delivery
- Family planning
- Care during delivery
- Post delivery/post abortion care
- STI treatment
- HIV prevention
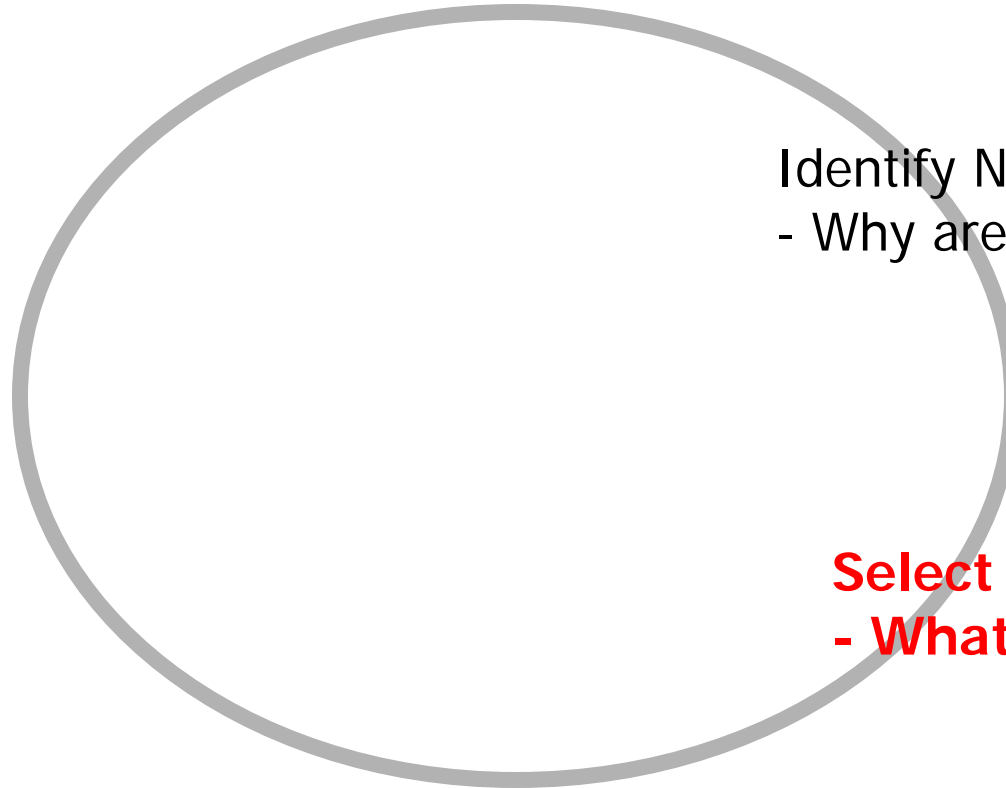 - Testing and counseling

Developing the Program
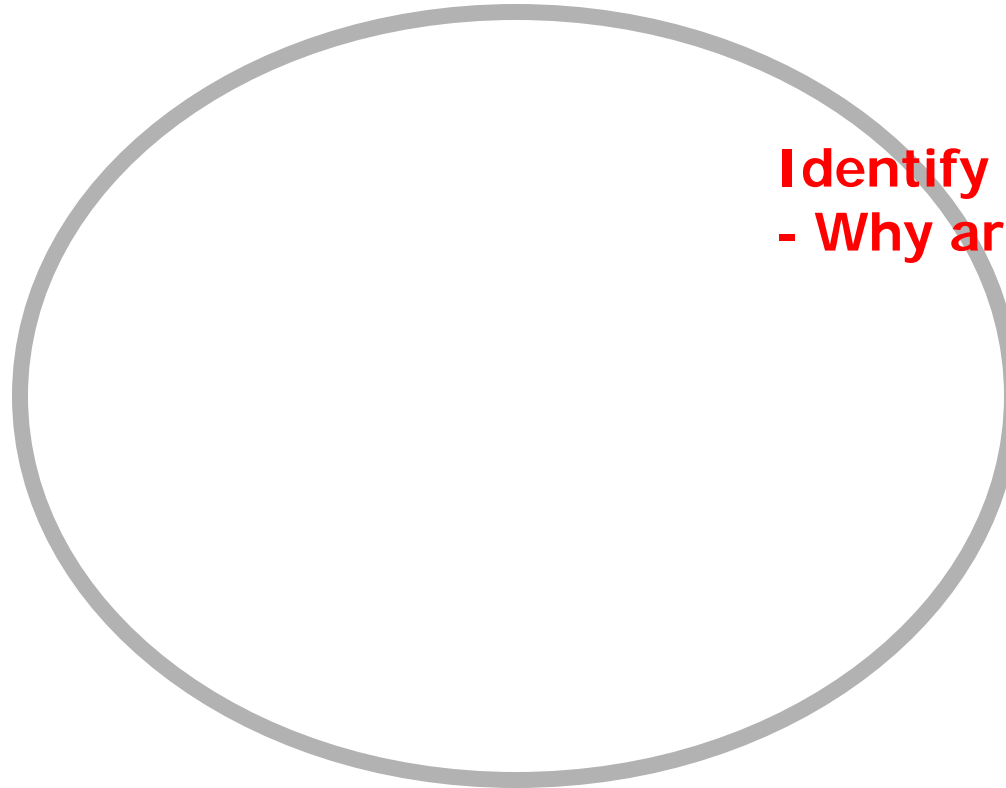
Identify Needs
- Why are we here?

Setting of Mission

◆ Identification of needs

- – Should be specific and quantified wherever possible
- – Needs will serve as basis for monitoring program impact

Developing the Program

Identify Needs
- Why are we here?

Select Priorities
- What is important?

Developing the Program
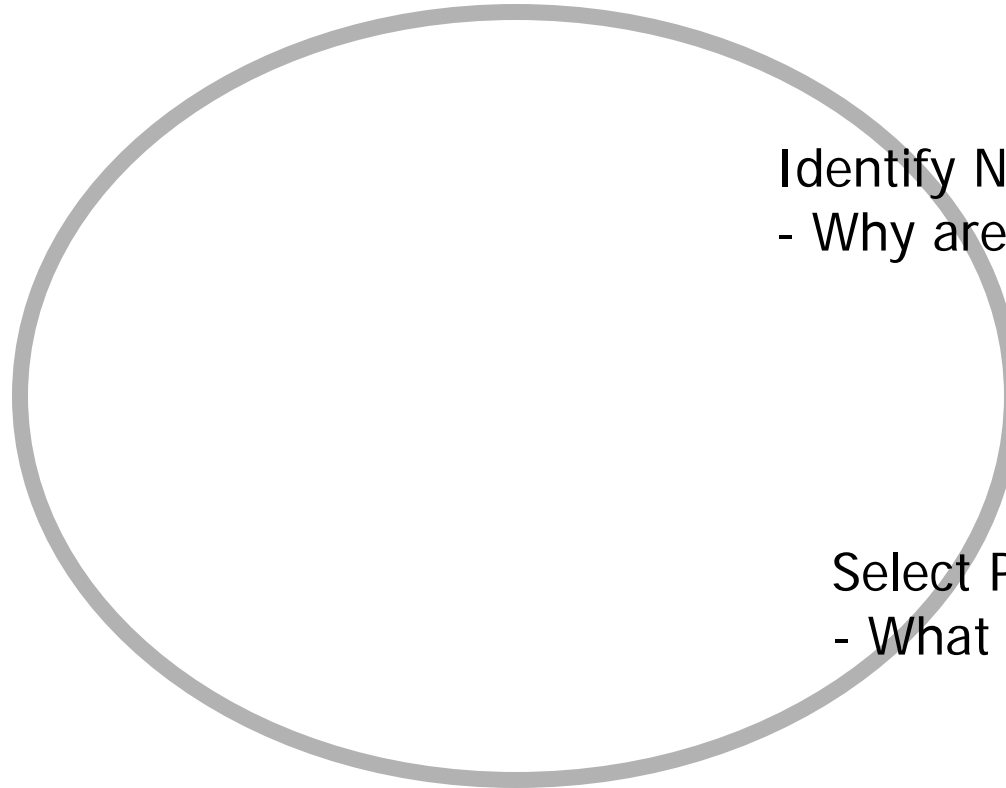
Identify Needs
- Why are we here?

Select Priorities
- What is important?

Set Objectives
- What can we do?
- What do we want to do?

Clear Objectives are Basis of Strong Programs

- Objectives must be measurable
  - Indicators for each must be easily assessed

Developing the Program
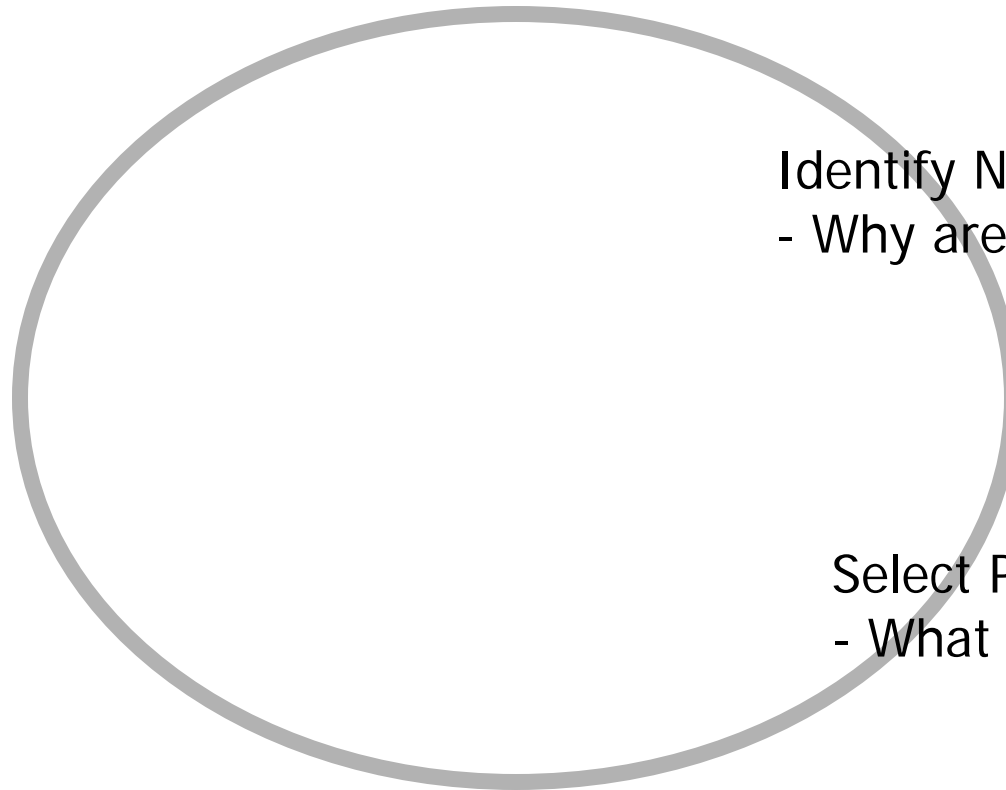
Identify Needs
- Why are we here?

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Consider Alternatives

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Developing the Program
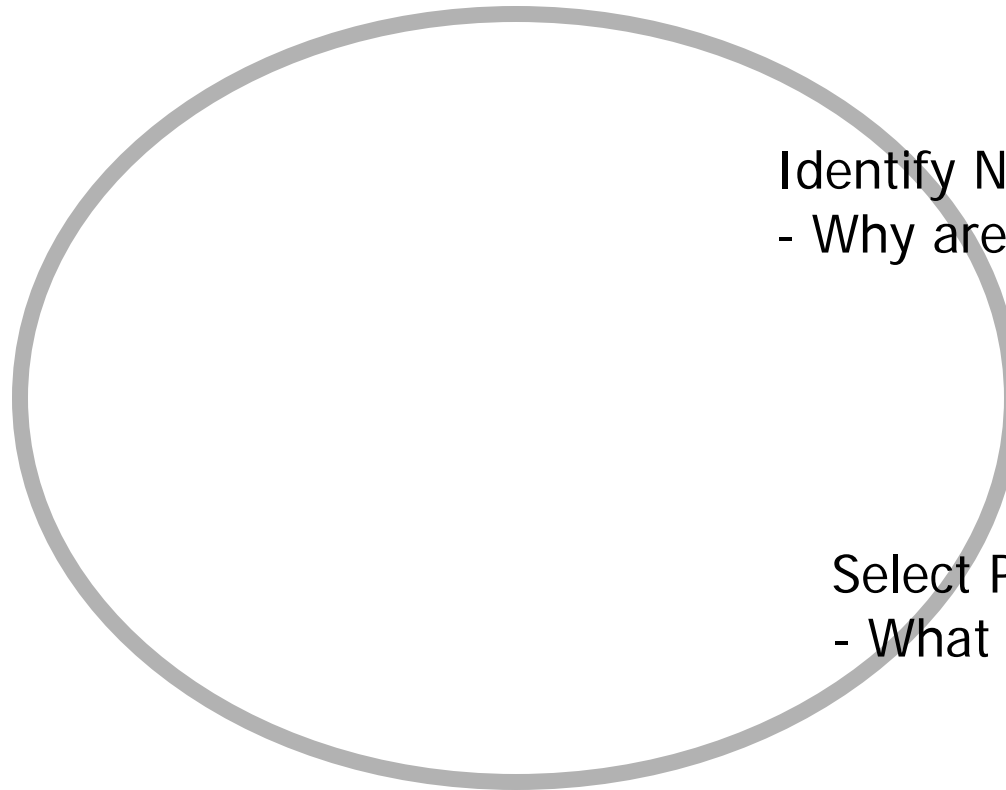
Identify Needs
- Why are we here?

Select Priorities
- What is important?

Choose Solution
- How are we going to do it?

Set Objectives
- What can we do?
- What do we want to do?

Consider Alternatives

Strategies Formulated to Implement Objectives

- Clear series of tasks set out
- Required resources identified

Task A $\longrightarrow$ Task B $\longrightarrow$ Task C

Input   Input

Developing the Program

Monitor Progress
- How are we doing?

Identify Needs
- Why are we here?

Implement Program

Select Priorities
- What is important?

Choose Solution
- How are we going to do it?

Set Objectives
- What can we do?
- What do we want to do?

Consider Alternatives

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Developing the Program

Evaluate Program

Monitor Progress
- How are we doing?

Identify Needs
- Why are we here?
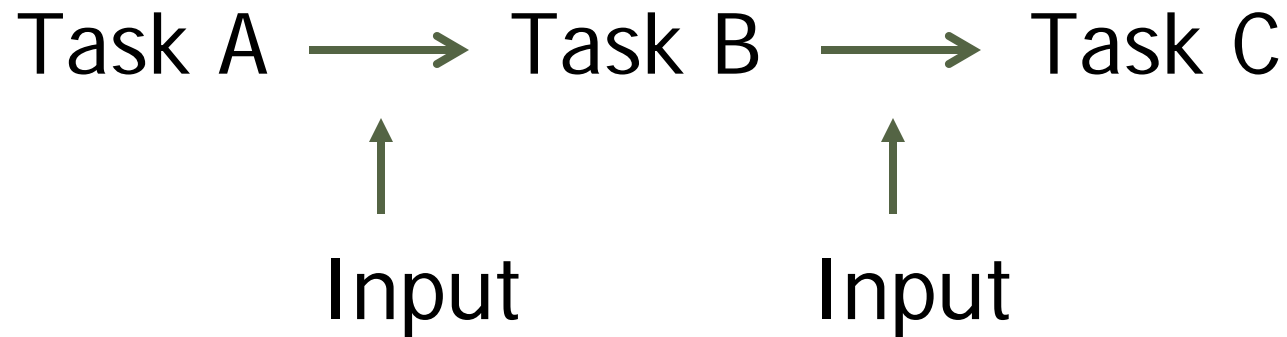
Implement Program

Select Priorities
- What is important?

Choose Solution
- How are we going to do it?

Set Objectives
- What can we do?
- What do we want to do?

Consider Alternatives

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Evaluation Based on Objectives

- Are the objectives the correct ones?
- Have they been reached?
- Is there clear evidence of impact?
- How will the program be altered based on the information?

How to Establish Services for a Displaced Population

◆ Think through the development of health system from the first

  – "Since x is present, we will do y"

  – "If f occurs then g will be needed"

Apply the Planning Cycle

Assess

Monitor

Identify Needs

Implement Program

Select Priorities

Choose Solutions

Set Objectives

Consider Alternatives
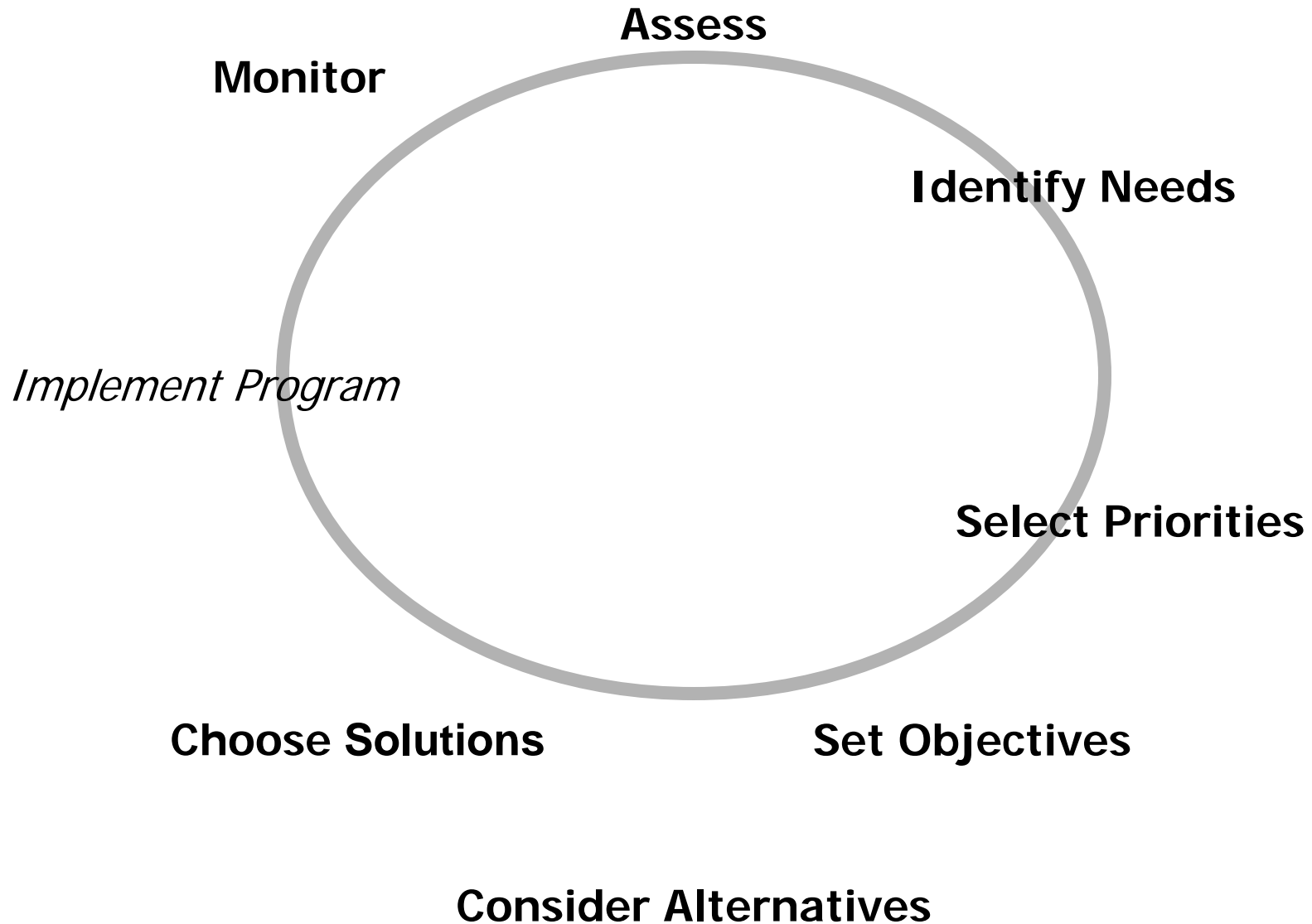
Carry out a Systematic Assessment

◆ Identify all obvious health problems
  – Some for immediate attention
  – Others for subsequent attention

Decide on Immediate Priorities for Treatment

The 2 X 2 table:

Frequency of disease diagnosis

	High	Low
Risk of serious illness or death — High		
Risk of serious illness or death — Low		

Consider Consequences of Not Addressing the Problem

◆ Consider the consequence of . . .

- – Low immunization coverage for measles
- – Low immunization coverage for BCG
- – Large population in known cholera area
- – Widespread scabies or lice
- – Large adolescent population

Involve Affected Community

- Seek refugee community participation
  - In priority selection
  - In program design
- This will promote program ownership

Consider Alternatives and Select Appropriate Solution

◆ Use decision matrix to select the potentially most feasible and effective solution

SOLUTION	A	B	C	D
Feasibility				
Acceptance				
Cost				
Sustainability				
TOTAL SCORE				

Set Objectives to Reflect Possible Events

- Set program objectives for program monitoring and evaluation
  - Short-term objectives
  - Longer-term objectives

- Ensure objectives are "SMART"
  - **S**imple
  - **M**easurable
  - **A**ttainable
  - **R**ealistic
  - **T**ime-bound

Determine Strategy and Establish Monitoring System

◆ Determine strategy and methods

◆ Implement program

◆ Use information system to monitor process, outputs and outcomes, as capacity allows

INPUTS ⟶ PROCESS ⟶ OUTPUTS ⟶ OUTCOMES

Section D

Manner of Providing Health Services

In What Manner Should Health Services Be Provided?

- Health care is based on Primary Health Care principles
- PHC seeks to do the following:
  - Provide acceptable and affordable health care
  - Provide optimum rather than maximum health care

Themes of PHC

- Education about main health problems
  - Including prevention and control
- Promotion of food supply and proper nutrition
- Adequate supply of safe water and basic sanitation
- Maternal and child health care, including family planning

Themes of PHC

- Immunization against major diseases
- Prevention and control of locally endemic diseases
- Appropriate treatment of common diseases/injuries
- Provision of essential drugs

Different Levels of Health Care
By Frequency of Needs

Requires Referral Hospital Care

Requires District Hospital Care

Requires a Health Center

Community Health Worker Can Treat

Treatable at Home
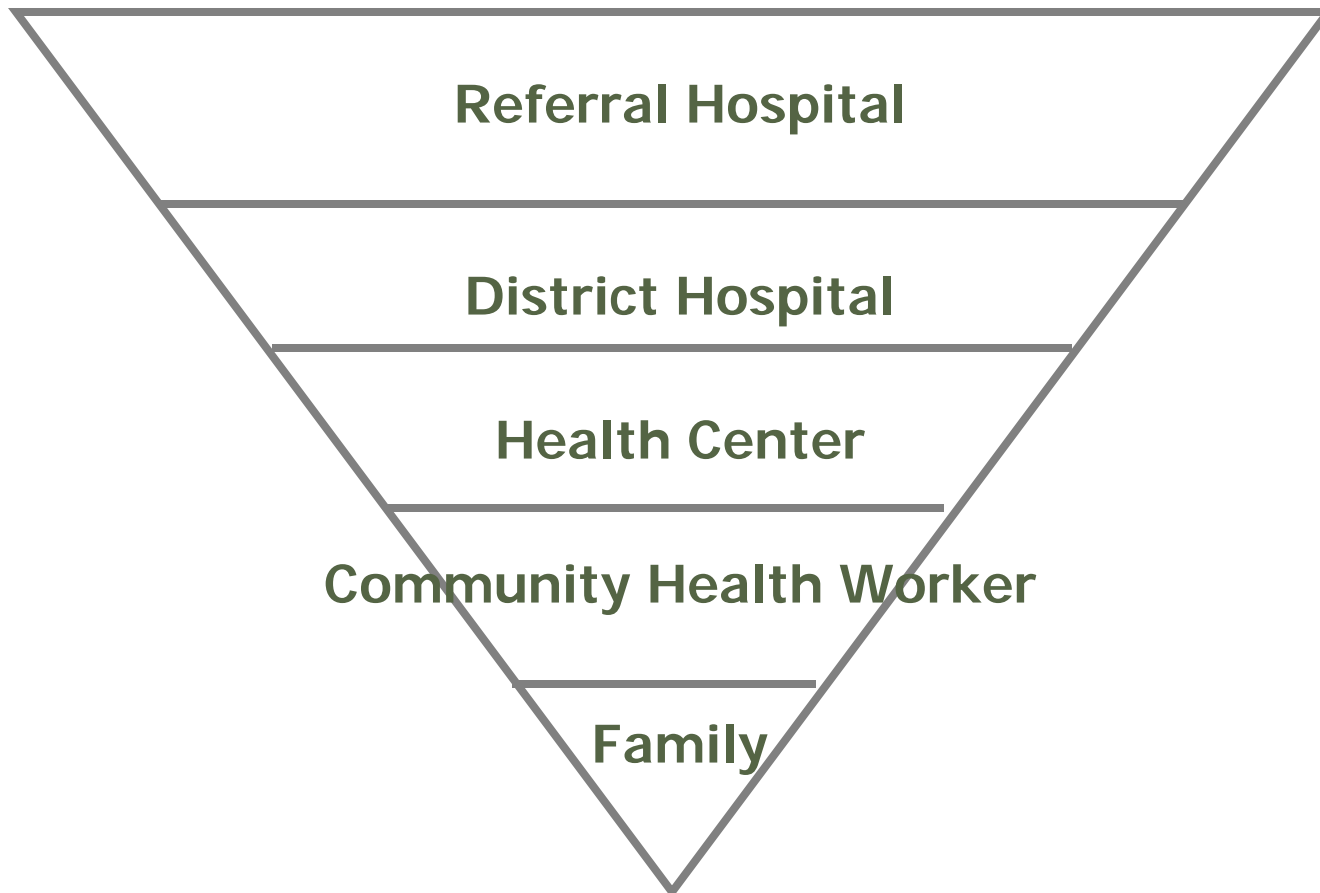
Section E

Making Specific Decisions

Specific Decisions to Be Made

◆ Establish new services vs. augment existing services

◆ Where possible, the choice is to strengthen local services

Deciding Whether to Strengthen Local Services

Hospital Level	New facilities very costly
Health Center Level	New facilities often needed
Health Post	New facilities usually needed
Community Services	Specific for displaced populations

Setting Staff Requirements

- Staff requirements depend on the following:
  - Skills and capacity
  - Main tasks to be done
  - Resource requirements for each
- Selection of staff
  - Refugee vs. National vs. Expatriate
  - Seconded government staff

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Setting Staff Requirements

◆ Need personnel policies for the following:
  - Job descriptions
  - Contracts
  - Disciplinary procedures

Establishing a Drug Program

- Follow Essential Drugs Programme (1977)
- Set drug procurement guidelines
- Define drug selections for various levels of health care
- Promote "rational" prescribing habits
  - Organizational practices
  - Host country policy

Drug Donations

- Donated drugs often a disaster in themselves:
    - Inappropriate or unknown medications
    - Outdated
    - Unreadable instructions
    - Clutter up warehouses, take up personnel time

New Emergency Health Kit

◆ Contains drugs and medical supplies for 10,000 persons for three months

– 10 basic units for PHC workers

– One supplementary unit for higher-level workers

New Emergency Health Kit

- Does not cover all drug requirements
  - Chronic diseases
  - Psychotropic drugs

Section F

How Much of What is Needed?

First Referral Hospital

◆ Capacity—1:150,000–300,000

◆ Services provided

- – Emergency surgery

- – Emergency obstetrical care

- – Blood banking

- – Basic laboratory

First Referral Hospital

- Key staff
  - At least two medical officers
  - Adequate nursing staff (20+)

Health Center

◆ Capacity—1:30,000 or 10 km radius

◆ Staffing—health care workers, nurses, ±medical officer, ±simple laboratory

◆ May have inpatient beds and a maternity unit
  – Refer to 1st level hospital

Health Posts or Dispensaries

- Capacity—1:10,000 persons
- Referral to the health center
- Key staff—medical auxiliaries (primary health care workers)
  - Community Health Workers (CHWs) or home visitors

CHWs Work out of Health Posts

◆ Often refugees—1:500 or 1:1000

◆ Supervision from health post

◆ Duties include the following:

  – Health promotion

  – Seek out and refer ill persons

  – Treat common illness—
    e.g., diarrhea

  – Refer seriously ill to hospital

How Health Services Are Utilized

◆ Initially, may be a rush for treatment
- – Pent-up demand
- – Epidemics may be in progress
- – 2–3% of population may use services/day

How Health Services Are Utilized

- Steady state usually 1% of population visiting OPD services daily
  - 1% of outpatient attendance will need inpatient care
  - 1% of inpatients will need hospital referral

Factors Affecting Utilization

◆ Utilization by geographic location
 – OPD attendance drops by 50% for every three km

Factors Affecting Utilization

◆ Utilization by age

   – Under-15s constitute 50% or more of most developing country populations

   – Under-5s constitute about 20% and represent 50–60% of outpatients

What Can Health Workers Do?

HEALTH WORKER	POTENTIAL CAPACITY
CHW or home visitor (community-based)	30 persons per day
Medical assistant or nurse (facility based)	50 persons per day
Medical Officer (doctor)	40 outpatients a day

Source of Staff

- Refugee and host country nationals wherever possible
  - Have better understanding of refugee experiences
- Potential for conflicts over pay are great
- Establishing credentials of refugee staff may be difficult

Consider "Down Time" for Staff

- Remember "down time"
  - Training
  - Vacation time
  - Sick leave and maternity leave
  - Rest and relaxation for expatriate staff
  - Consider staff turnover

Handing Over of Programs

◆ Common after early phase to close down or hand over health services

– To development-oriented NGOs

– Sometimes to host country MoH

Handing Over of Programs

- Imperative to design programs for long-term efficiency from the beginning
- Monitoring of program effectiveness
  - Measured against set objectives
  - Goal to contribute to development of refugees and host country system