Health for all and all for health • Santé pour tous et tous pour la santé
Salud para todos y todos para la salud • 人人享有健康 一切为了健康
الصحة للجميع والجميع للصحة • Здоровье для всех и все дляздоровья

“How can Health Literacy help to achieve Universal Health Coverage and access Quality Health Care?”

The Mauritian Experience & Beyond
Gareth White
WWA Ltd
“A leader is best when people barely know he exists, when his work is done, his aim fulfilled, they will say: we did it ourselves.”

Lao Tzu

- Human Capital for Universal Health Coverage
- Mauritius: A Case Study
- Health Education: Origins & Principles
- Partnerships in Action
- Outcomes & Best Practices in Research
- Universal Coverage for Breast Cancer?
- Research to Improve Coverage
How can Health Literacy help to achieve Universal Health Coverage & access quality Health Care?”

Ideally increasing Health Literacy:
- Empowers patient decisions
- Regulates demand
- Allows for resource maximization
- Improves sustainability of system & quality of care

Operationalizing Universal Health Coverage:
Human Capital & Health Economics

1. Examples from Mauritius
2. Being realistic: the real burden of disease e.g. Breast Cancer & Multimorbidity
3. Research to improve Un
Mauritius: A Case Study

The Meade Miracle:
• Small Island State rated as a “Frontier Emerging Economy”
• Population: 1,219,659 M
• GDP per capita, PPP (current international $): $19,480.471

Human Capital
• Adult Literacy: 89.8% • Life Expectancy: 74.2 years
• Human Development Index: 63rd out of 188 countries

Factors for Success:
• Visionary Economic Diversification
• Enduring Welfare State Social Protection (26.9%) Education (14.9%) & Health (9.7%)

Advanced Epidemiological Transition: 71% of Deaths are due to NCDs

Current & Future Challenges: Ageing, Multimorbidity & System Sustainability
Health Education: Origins & Principles

Origins

Family Planning, Sexual & Reproductive Health
• MFPWA set up in 1957 to address pressing population control issues.
• Wide range of peer outreach, school interventions & counselling services

NCD Health Promotion & Nutrition
• 1st NCD Survey in 1987 by MoH & Health, Nutrition & Productivity in EPZ study by UoM in 1989
• Creation of NCD Unit & development of curriculum by MoE/MIE

Substance Abuse & HIV: 1996
• NATRESA set up for prevention, treatment and rehabilitation of Substance Abusers.
• PILS also set up to raise awareness & organise outreach

Principles:
• Visionary Leadership & Social Entrepreneurship
• Multisectoral Capacity Building & Inclusive Diffusion
• Partnerships
• Integrated Research
Partnerships in Action

Grassroots Capacity Building:
- Social Welfare Centres,
- Women’s Centres, Home Eco Centres
E.g: NWC’s Adult Literacy Programme/Caravane Santé
Anatomy, Nutrition & NCDs
Ministry of Gender via NWC

Community-based interventions:
E.g: Meetings with Community Leaders on Diabetes, Alcohol, Smoking Cessation, etc
Ministry of Health

Multilevel actors & interventions:
- MIE/UoM: Pioneers in Health Ed, Home Eco, Nutrition & Curriculum development
- E.g: Integrating Human Rights in English & Social Sciences classes in Schools

Mauritius Ministry of Health

Barclays Bank Mauritius
- E.g: Barclays Mile Ahead Radio Programme project with Mauritius Diabetes Association

Rogers CSR
- E.g: Campaign on “Talking about AIDS, it’s already protecting yourself

PILS
- E.g: SIDA Info: Exclusive hotline dedicated to Sexual Health & HIV prevention since 1997

Linked to Life
- E.g: Free Breast Cancer Screening & Counselling

Outcomes:
Improved Health Literacy

Public Sector

Private Sector

NGOs

Human Capital Development & Resilience?
Outcomes & Best Practices in Research

Outcomes of Joint Efforts: Human Capital Development & Resilience

- Life Expectancy: +2.8 years since 2000
- Human Development Index: +34% since 1980
- HIV/AIDS from 921 cases detected (2005) to 322 (2014)
- Diabetes prevalence: from 23.6% in 2009 to 22.8% (2015)

Best Practices in Health Education Research:

R&D as part & parcel of Health Literacy Efforts

- Regular National Surveys on NCDs
- Screening for NCDs: Diabetes & Cancer
- Knowledge, Attitudes, Behaviours & Beliefs
- International Tobacco Control Policy Evaluation Project
- Culture of research in Home Economics, Food science & Nutrition

Limitations

- Are these enough in the Information age?
- Where do patients get their information?

Promoting health, promoting sustainable development: it’s our health, our future and our choice.
Being Realistic about UHC: Service Coverage, Financial Risk Protection & Access?

Chemo-brain = difficulties in:
- multi-tasking,
- short-term memory,
- word-finding,
- attention,
- concentration.

Socio-Epidemiological
- Suicide and Mood Disorders such as Depression are more likely in Survivors
- Vasomotor symptoms
- Sexual dysfunction
- Infertility
- Osteoporosis
- Musculoskeletal pain
- Neuropathy
- Treatment-related cancers

80% of 6944 survivors after a 5 year period had major signs or symptoms.
- 46.5% had unstable chronic conditions,
- 38.8% had major time limited infections
- 49.3% had psychosocial conditions

Health Economic
- $2.5 trillion globally
- 1.3 Million cases a year
- High price of drugs
- Access & Equity issues

Neurological
- Neurological damage observed following treatment

Psychological
- Quality of Life

Mental Health
- Cognitive Changes
- Clinical

Universal Health Coverage: Breast Cancer
Research to Improve Coverage

Could Expert Patient Networks in Resource Scarce Settings:

- Increase Health Literacy Gains?
- Improve Cognition & Mental Health of Patients & Peers?
- Calibrate Health Decision Making?
- Prevent Recurrence?

E.g. in France, Canada & US

Future research in Health Economics & Health Technology Assessment

- Assessing future health behavior from Health Literacy initiatives using new technologies
- Collaborative Health Technology Networks among Small Island States
  E.g. Indian Ocean

Source: http://wichita.kumc.edu
Source: http://Nocamels.com
Thank you!

Stay in touch.

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