



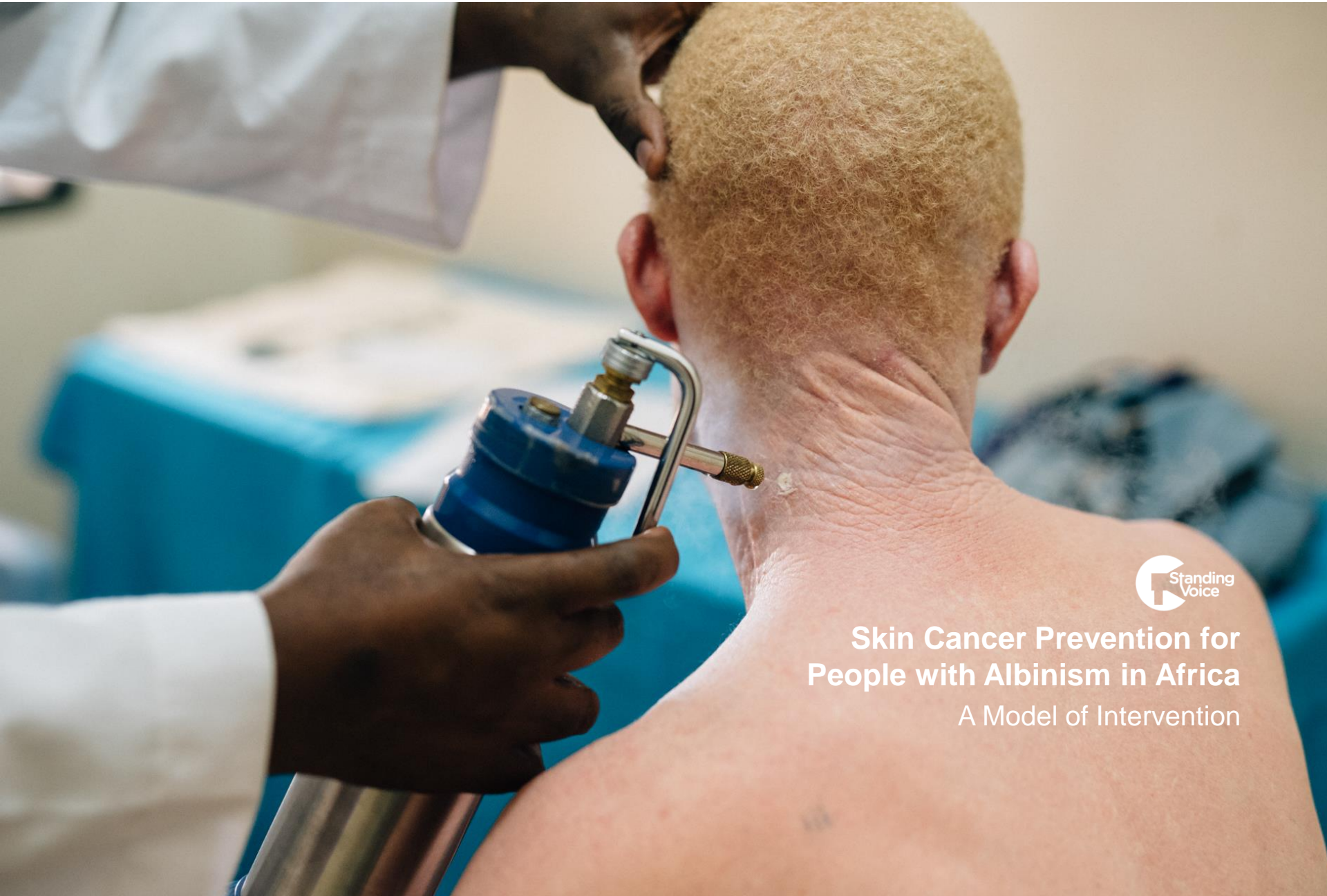
Responsibility| Is Health a Global Value?

Chair: Lisa Kelly, Chief Operating Officer, Nottingham University Hospitals

Speakers:

- Sam Clarke, Communications Manager, Standing Voice
- Abi Deivanayagam, Associate Researcher, Institute of Health and Society, Newcastle University

@THETlinks #THETConf



**Skin Cancer Prevention for
People with Albinism in Africa**
A Model of Intervention



Who we are

Defending the rights of
people with albinism
across Africa

Health

Education

Advocacy

Community

SKIN CANCER
PREVENTION
PROGRAMME









Kumbuka

- Linda mwili wako kwa kuvaa kofia, miwani ya jua na kutunika miguu na miwani
- Paka losheni ya jua asubuhi na mchana sehemu zilizo wazi
- Lichunguze ngozi yako mara kwa mara kwa dalili za gwali za saratani
- Kuna dalili nenda haraka kwa daktari wako wa ngozi au kituo cha awali za saratani ya ngozi
- Nenda kwenye zahanati ya ngozi kila baada ya miezi 4 ili kujikina

awali za saratani ya ngozi

UNAWEZA KUSHINDA SARATANI YA NGOZI

Standing Voice











SKIN CANCER PREVENTION PROGRAM

Miyambi cha kuonon...
la munthu w...



ions Operable

di kuc...
la m...

Cryotherapy

ndi dzuwa ndik...
uzisamalila nd...
panokh...

novala chipewa, magala...
a oteza kudzuwa k...



96%

patient attendance rate in Tanzania

registered patients in Tanzania

21.4%

43%

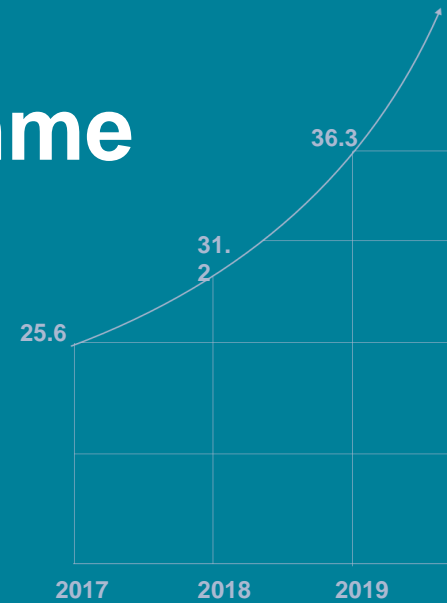
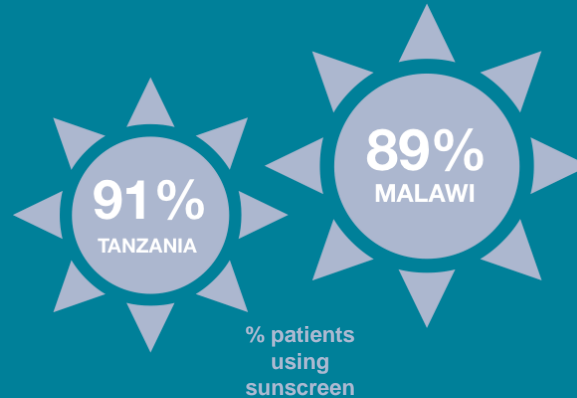
reduction in rates of actinic (solar) erythema in Malawi since 2017

Skin Cancer Prevention Programme

643

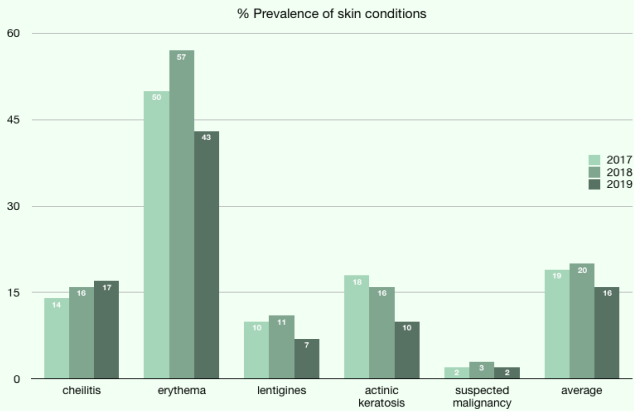
5 people with albinism

supported in dermatological health

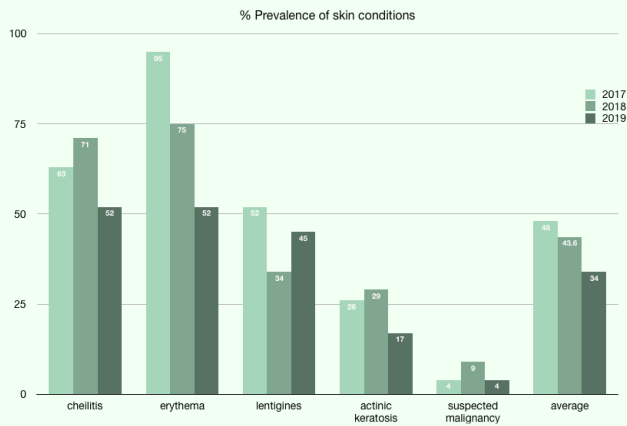


% of national population of people with albinism reached in Tanzania

Tanzania

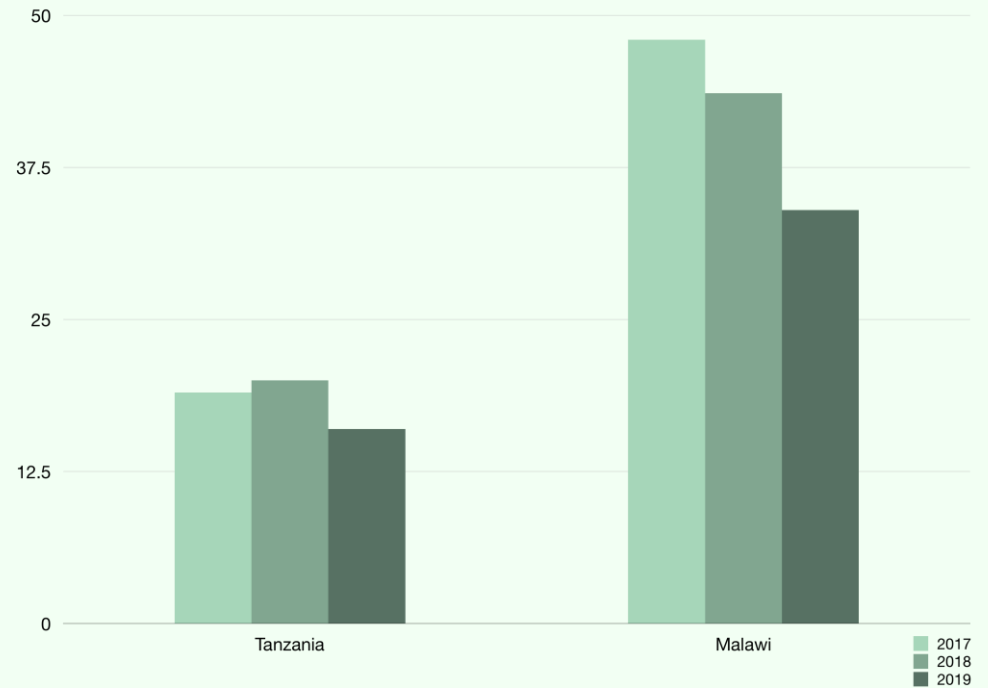


Malawi

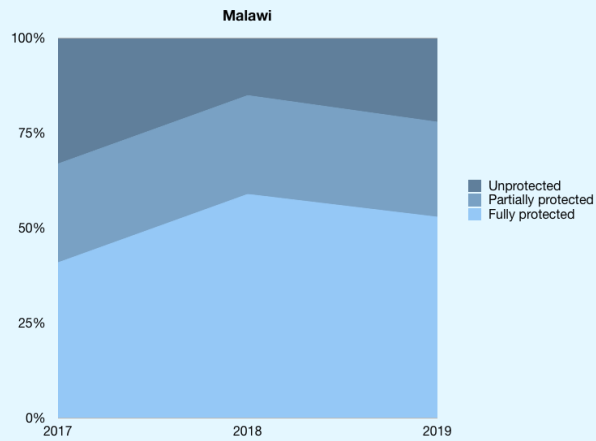
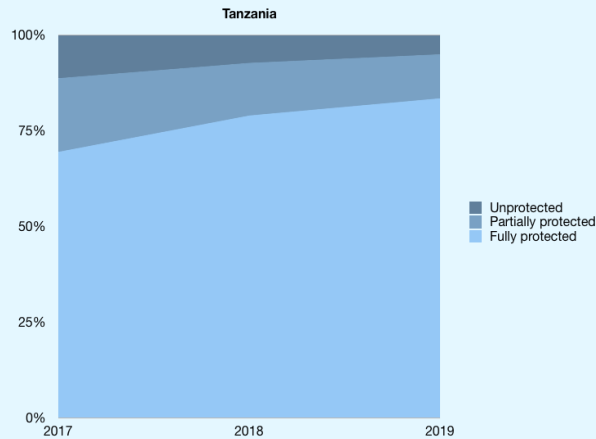


Reduction in presentations of skin cancer and conditions associated with its development

Average Prevalence of Skin Conditions (%)

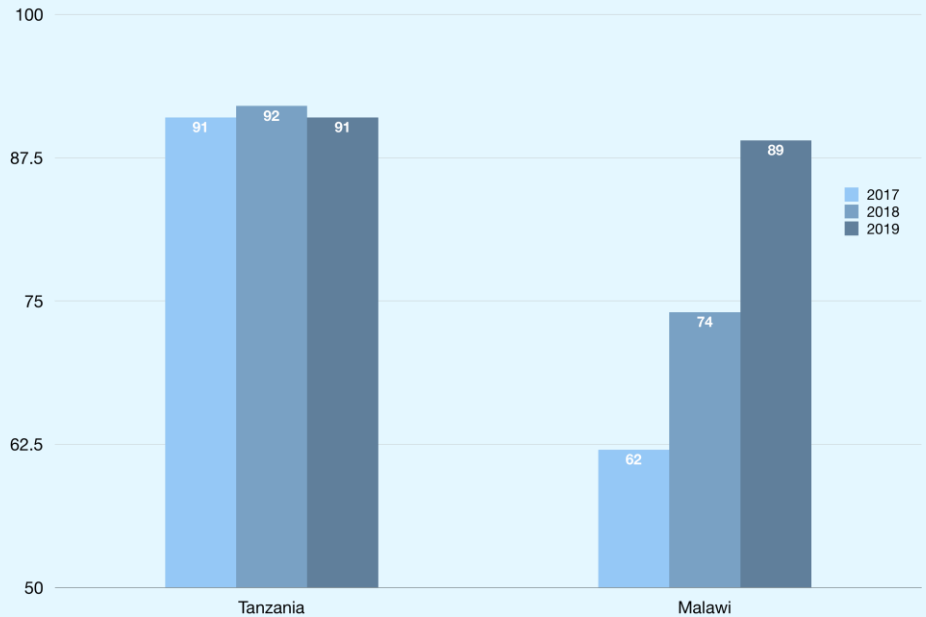


Average Rate of Use of Sun-Protective Clothing (%)



Behavioural changes in people with albinism demonstrating increased capacity to adopt self care prevention measures

Averages Rates of Sunscreen Application (%)



DISSEMINATION AND RESEARCH



SKIN CANCER
ADVISORY
COMMITTEE



WELCOME TRUST PROJECT





SURVIVING THE SUN



What are the financial barriers to accessing healthcare for older people in rural Tanzania? An assessment of policy implementation

Dr Abi Deivanayagam
Dr Grace Lewis
Professor Richard Walker

Dr Sarah Urasa
Dr John Kissima
Dr Irene Haule



Northumbria Healthcare
NHS Foundation Trust



1. Background



Northumbria Healthcare
NHS Foundation Trust

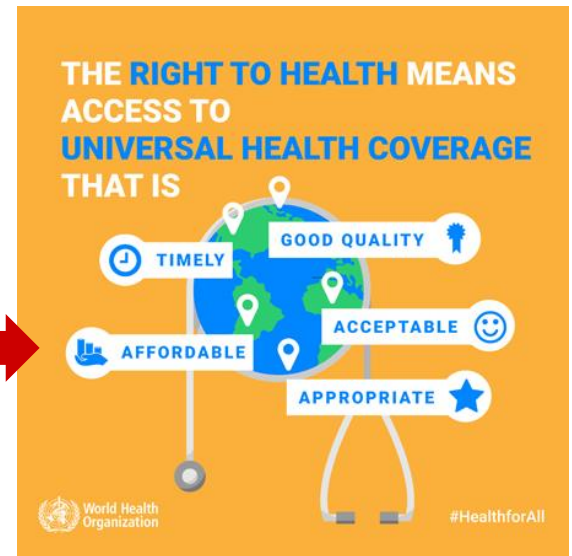


Is health a global value?

First Expression of the Right to Health
The WHO Constitution (1946)

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of **the highest attainable standard of health** is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition (...)

**“UNIVERSAL HEALTH COVERAGE:
THE SINGLE MOST
POWERFUL CONCEPT
THAT PUBLIC HEALTH
HAS TO OFFER.”**



A history of health financing in Tanzania

1. The introduction of user fees
2. Emergence of exemptions and waivers
3. Poor implementation of exemption policies
4. Implementation science

Maluka International Journal for Equity in Health 2013, 12:80
<http://www.equityhealthj.com/content/12/1/80>



RESEARCH

Open Access

Why are pro-poor exemption policies in Tanzania better implemented in some districts than in others?

Stephen O Maluka

HEALTH POLICY AND PLANNING; 12(4): 273–285

© Oxford University Press 1997

Review paper

The lessons of user fee experience in Africa

LUCY GILSON

Centre for Health Policy, Dept of Community Health, University of Witwatersrand, South Africa, and Health Economics and Financing Programme, London School of Hygiene and Tropical Medicine, UK

Implementation Science



Research article

Open Access

Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science

Laura J Damschroder*¹, David C Aron², Rosalind E Keith¹, Susan R Kirsh², Jeffery A Alexander³ and Julie C Lowery¹

Address: ¹HSR&D Center for Clinical Management Research, VA Ann Arbor Healthcare System (11H), 2215 Fuller Rd, Ann Arbor, MI 48105, USA, ²VA HSR&D Center for Quality Improvement Research (14W), Louis Stokes Cleveland DVAMC, 10701 East Blvd, Cleveland, OH 44106, USA and ³Health Management and Policy, School of Public Health, University of Michigan, 109 S. Observatory (M3507 SPH II), Ann Arbor, Michigan 48109-2029, USA

Email: Laura J Damschroder* - laura.damschroder@va.gov; David C Aron - david.aron@va.gov; Rosalind E Keith - rekeith@umich.edu; Susan R Kirsh - susan.kirsh@va.gov; Jeffery A Alexander - jalexand@umich.edu; Julie C Lowery - julie.lowery@va.gov

* Corresponding author

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2. Purpose of research

AIMS

1. To investigate the barriers to achieving UHC in Hai District
2. To explore solutions to achieving UHC in Hai District



RESEARCH QUESTIONS

- What are the advantages and disadvantages of user fees in Hai?
- Is the exemption policy failing in Hai? Why?
- What are the solutions in the short term and long term?
- How can we set priorities for access to healthcare in this setting of limited financial resources?

3. Methodology

Design

- Mixed methods - qualitative and quantitative

Collection

- Feb-March 2019
- Questionnaires, focus group discussions and interviews
- In Swahili and English, transcribed in Swahili then translated to English

Analysis

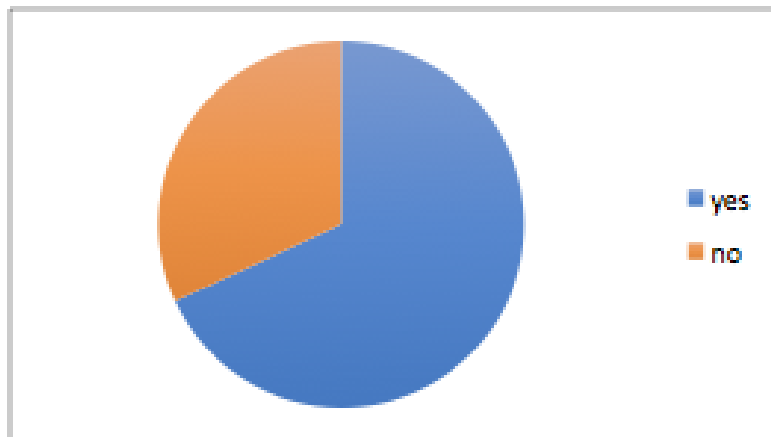
- Descriptive statistics
- Thematic analysis using an inductive, open coding approach
- Transcripts were coded separately by two researchers and final themes agreed upon through consensus

4a. Main results - quantitative

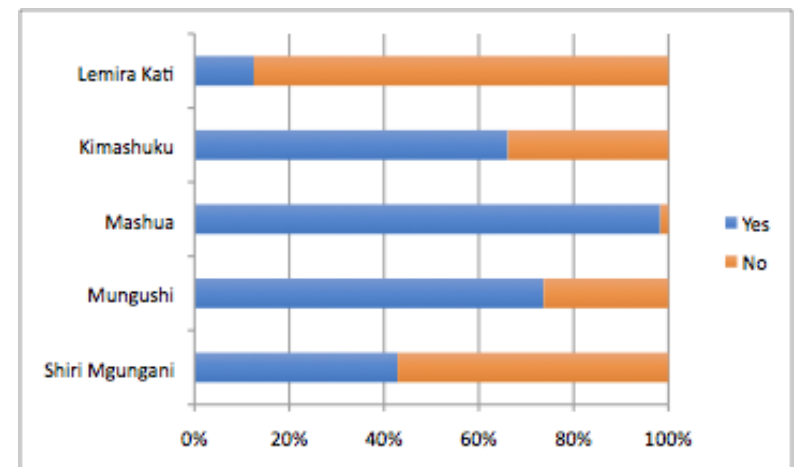
N=204

68% of people in in this sample were aware of the exemption policy for adults aged >60 years

Did you know that all people over the age of 60 years are exempt from paying for healthcare?



Variability of awareness across villages

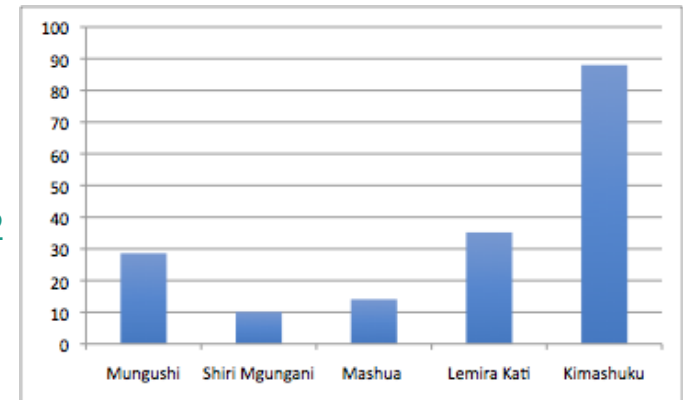


Exemption vs. Out of pocket payments (OOPs)

- ❖ Health insurance status - 24.62 (95% CI 17.4-31.8). N=234
- ❖ Average number of times paid for healthcare in last 12 months
- ❖ Range of OOPs in last 12 months: 0-439 USD
- ❖ OOP Median = 36.42 USD
- ❖ Exemption granted:
 - Mungushi: x1 disease-specific exemption
 - Mashua: x1 exemption card, x2 ad-hoc letters
 - Kimashuku: x1 letter
 - Lemira Kati: nil
 - Shiri Mgungani: nil



OOPs in last 12 months (USD)



Village

4b. Main results - qualitative

Theme	Example quote
<i>"Nalipia tu"</i> I just pay	"It is true. If you do not have money, when you reach the hospital, no one listens to you. You are left there on the chair [...] You wait and others are being treated. You are left there." (62 year-old male with Polio)
<i>"Kama sio watoto"</i> If it weren't for the children	"Because the treatments have taken everything. When you have no chickens to sell, you remain the way you are." (50 year-old female village committee member)
<i>"Zinajulikana"</i> They are known	"There are those with more problems and those with less problems." (84 year-old female) "If we are there, there will be no bias because they are known." (64 year-old female)



5. Strengths and Limitations



Strengths	Limitations
Mixed methods	Fear of disclosing opinion
Triangulation	Enumerators undertaking questionnaires
Focussed research question based on existing data	Solution is specific to Tanzania, or to this region - cultural specificity is present within East Africa

5. Conclusions

1. The policy is poorly implemented
2. User fees along with exemption aren't working
3. Short term solutions
4. Long term solutions
5. Policies need to be pro-poor, targeting the most vulnerable





Thank you!

Old age is not a disease - it is strength and survivorship, triumph over all kinds of vicissitudes and disappointments, trials and illnesses.

-- Maggie Kuhn, activist against ageism, Founder of the Grey Panthers Movement.

abi.deivanayagam@newcastle.ac.uk

Twitter: @abideivo