Slide	Presentation Notes
1	2008 a banner year for World Health Organization. Primary Health Care: Now More Than Ever World Health Report, and Commission on Social Determinants of Health (CSDH; image is from the latter report). Lecture covers the arc of these two landmark reports.
2	Much of course dives into specific topics; this lecture provides a broad view of health, its key drivers, and the need for integrative approach to health systems strengthening
3	3 parts to the talk
4	Key challenges: social determinants, inequality, complexity
5	Opening slide from CSDH; ask volunteer to describe what they see, implications
6	What are the social determinants of health? How does this layering set up for the 'mechanism of injury' described on next slide?
7	From Michael Marmot's executive summary of CSDH. A bold, incendiary statement, anchored to this proposed pathway of unequal distribution of power, income, goods, and services leading to inequality in living and working conditions, which drive community and individual health factors, resulting in the robustly observed social gradient of health
8	What is striking about this table from CSDH? Two neighborhoods in Glasgow, just a few miles apart, with nearly 30 years difference in life expectancy *at birth*. "geography is destiny…" A highly textured problem
9	Marmot asked to lead similar study in UK. Neighborhood-level data from England. Narrate the slide elements first. Then ask for interpretations. Key points include: smooth gradient, not step function; disability curve steeper than life expectancy curve (poorest not only live 10 years less, but spend 20 years of that shorter life disabled…); green bar representing proposed increase in retirement age would only have resulted in 95% rather than 75% of working population living with disability (blunting hoped for increase in tax base)
10	More data from the UK study. Again, geography is destiny.
11	Ask volunteer to read summary quote from CSDH
12	Shifting to complexity. Narrate Stacey 'certainty-agreement' diagram (or ask volunteer to do so, if time allows). Make the point that much of the neighborhood-level effects of social determinants and social gradient fall into the complex space, requiring new thinking/approaches to manage and respond to that complexity.
13	Shifting to health system failures. Health systems around the world fail in similar ways.
14	Starting at home. Review US data, terrible outcomes for money spent, nearly last among OECD (Organization for Economic Cooperation and Development). Affordable Care Act is primarily a *financial* not a *delivery* reform. In Massachusetts, wait times doubled after universal health coverage reform, especially for preventive care.
15	Review data on primary care efficacy, shortfall, pipeline deficits, one possible driver of which is income disparities. Acknowledge caveats of teams, not just individual PCPs needed, multiple drivers of career choice.
16-17	Powerful epidemiologic data associating increased density of primary care

	providers with increased quality and decreased costs.
18	Ask volunteer to read take-home quote from Baicker study.
19	Figure accentuating the misallocation of US health expenditures toward formal health services (curative) rather than preventive care, in stark contrast to 70-80% of avoidable mortality resulting from social determinants of health. We have the wrong tool for the job.
20	Not just a US problem; a global problem. From the Primary Health Care: Now More Than Ever report, 5 common failings. Have class read them aloud and commit to memory; will circle back at end of talk.
21	Common failures have led some to characterize principle challenge in global health as one of delivery. Just like trucks need roads to deliver their goods. Health services need functional health systems to reach the people who need them.
22	Have volunteer read quote. The venue of the quote is what is most notable.
23	Turning now to primary health care.
24	First, a brief history. Briefly narrate community-oriented primary care, its key elements, and its influence on the barefoot doctor movement in China and the US community health movement (fostered by Jack Geiger and others, based on his experience with the Karks and COPC)
25	Narrate Alma-Ata. Relate Paul Farmer's joke about the typo, meant to say health for all by "3000", so we're still on track. Have volunteer read the quote and note how relevant this still feels today. The bolded phrase at the end captures the spirit of what PHC seeks to achieve physically and metaphorically, "bringing health care as close as possible to where people live and work."
26	PHC immediately embroiled in global oil crisis, cold war, viewed as too ambitious on the one hand, too vague on the other. Narrate efforts in selective PHC. Achieved focused goals (including vaccine coverage, preventing diarrheal deaths), but failed to 'lift all boats.' Need for a relook in 2008.
27	Narrate the visual metaphor from PHC report. Note what is there, what is surprising about this (we often think about the top two boxes, less often about the bottom two, but here they are portrayed as complementary, interdependent puzzle pieces).
28	Have volunteer read quote.
29	Now dive a little deeper into each of the boxes. First Universal Coverage. Narrate figure from 2010 World Health Report: who is covered, what is covered, and who pays?
30-32	Narrate vertical, horizontal, and diagonal funding approaches. Make a joke about the red fish (usually gets a chuckle).
33	Next service delivery.
34	Another way to view the organization of health system, community, and the necessary flow of people, information, and 'stuff' across parts of the system. Note the base is both mobilization of the community and intersectoral action.
35	Public policy is all about addressing root causes of disease. "Every minister is a health minister." "Due consideration to health in all policies." Note challenge of asymmetries between health and other sectors in terms of global economic governance.
36	Governance. Need for a different kind of local, accountable, responsive democracy. Image is of the leadership circle for Tiyatien Health in Liberia. 1/3 patients, 1/3 community health workers, 1/3 providers and leadership. Twice per year, gather in the round beneath this tree (US leadership members travel

	to Liberia to do so) to determine key priorities for organization.
37	Metaphor of 'one trunk, many branches.' Our common humanity and solidarity; the diversity which nourishes us. Both held in healthy, creative tension and balance. This painting done by local artist in rural Zwedru, Liberia. The final page of a children's story we wrote collaboratively to share the Tiyatien Health accompanier model of care.
38	Takeaways
39	A system's failure requires a systems solution. 5 common failures across settings: inverse, impoverishing, fragmented, unsafe, misdirected care reveal the need for an integrated approach to health care delivery: primary health care.
40	Components of primary health care: 1) universal coverage reforms – 3 dimensions, who is covered, what is covered, who pays?; 2) service delivery reforms – overcoming the implementation bottleneck; 3) public policy reforms – addressing the social determinants of health through intersectoral action; 4) leadership reforms – restoring local democracy, one trunk many branches; responsive, learning organizations.