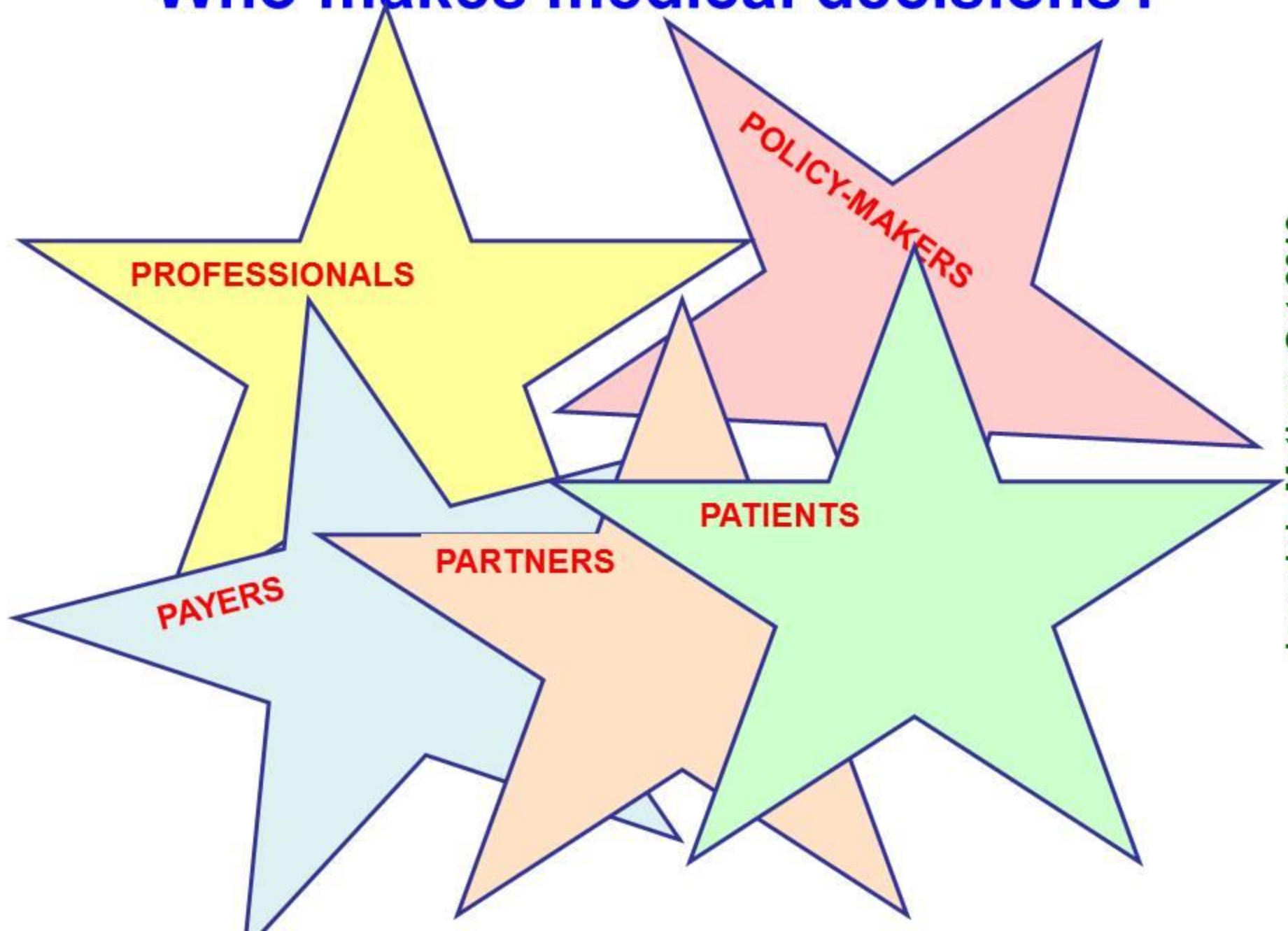


# Medical decision-making in 'developing' health-care systems

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# Who makes medical decisions?



# What influences the decisions?

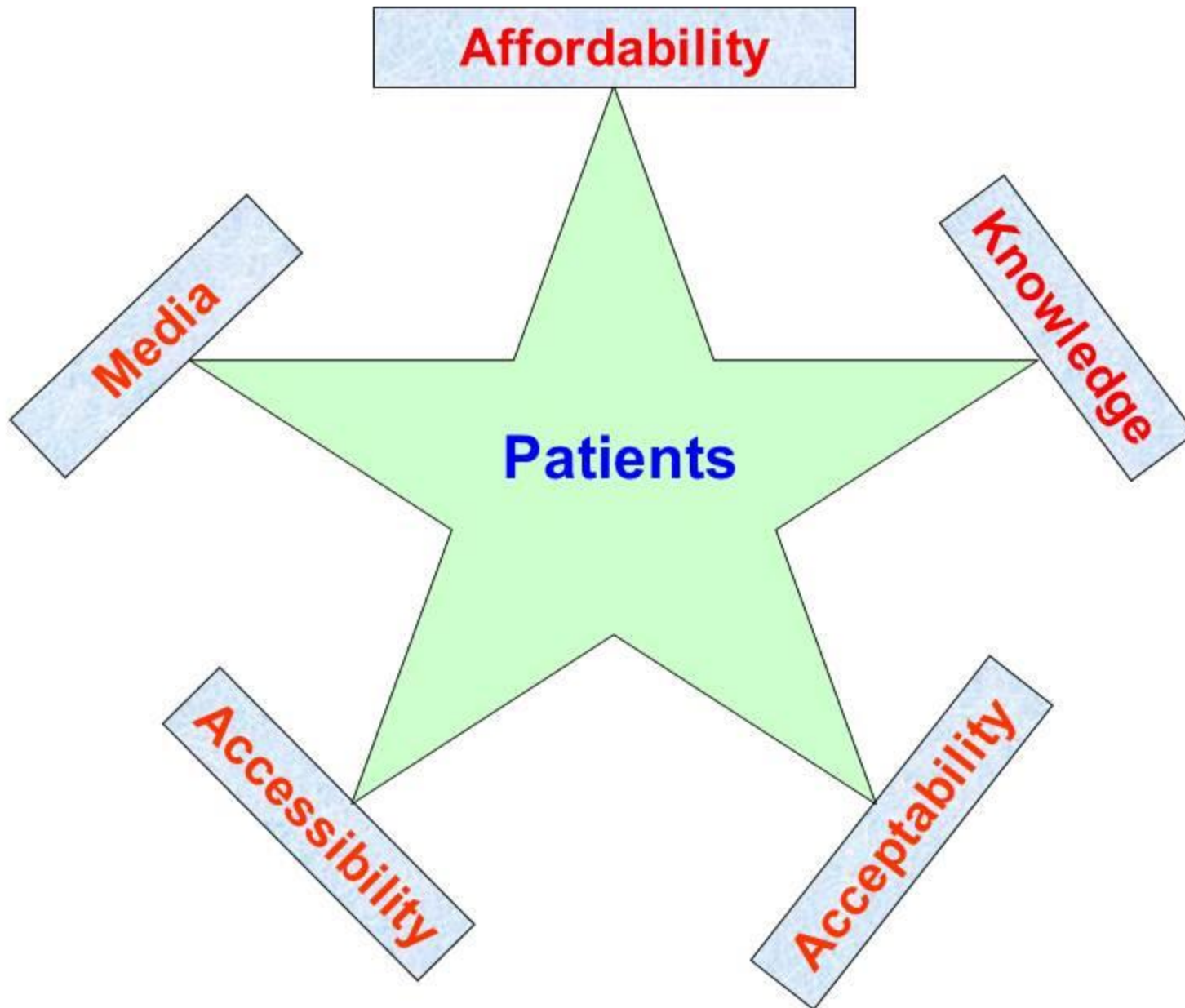


# How is this different from developed health-care systems?

- Health-care is largely provider-driven.
- Limited need (among providers) to justify decisions
- Evidence not a key factor
- Where evidence used, often not context specific

Ex: Liberal prescription of expensive vaccines, antibiotics etc without adequate evidence

# What influences the decisions?

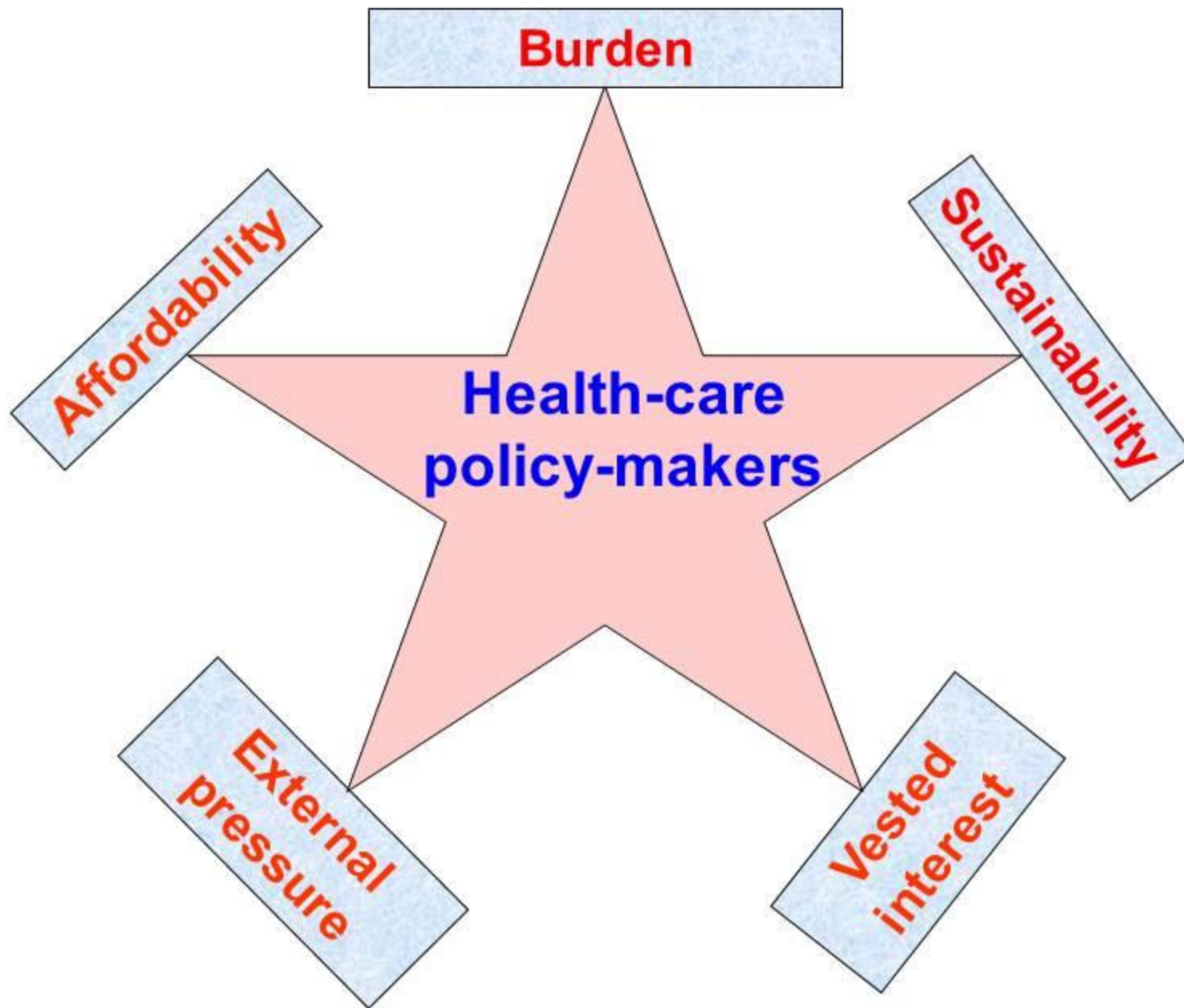


# How is this different from developed health-care systems?

- Patient is the last stakeholder considered
- Efficacy and Effectiveness are not the primary drivers.
- Out-of-pocket payment → Cost a key factor
- Limited empowerment of health-care recipients to participate in decision-making.
- Lower emphasis on quality of life

Ex: High rate of un-necessary investigations and procedures.

# What influences the decisions?



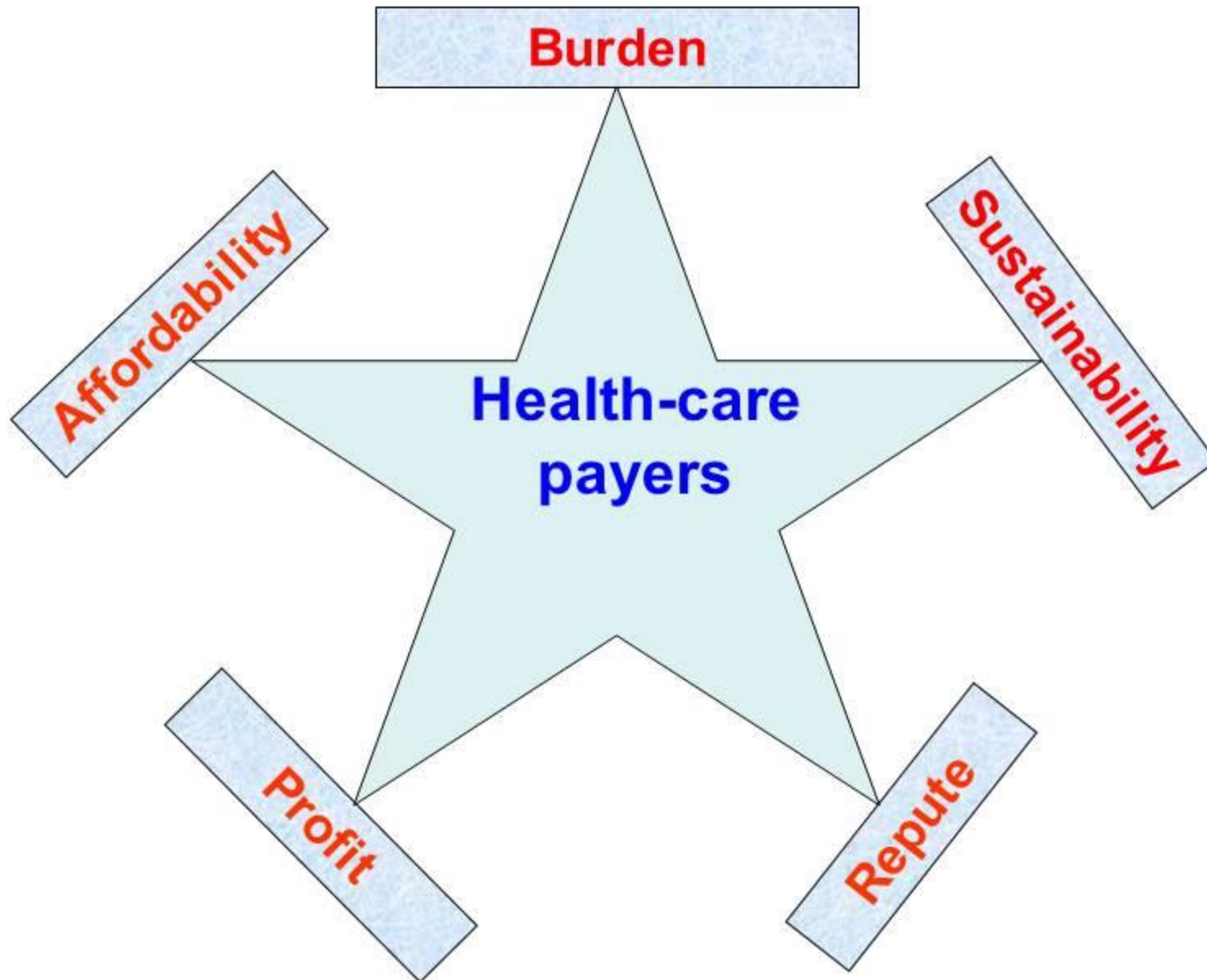
# How is this different from developed health-care systems?

- Limited understanding of epidemiology
- Limited long-term planning
- Highly susceptible to external pressure (WHO, global agencies, Industry etc)
- Limited demand from public to justify decisions

Ex: Installation of thermal scanners at airports to detect H1N1 cases



# What influences the decisions?

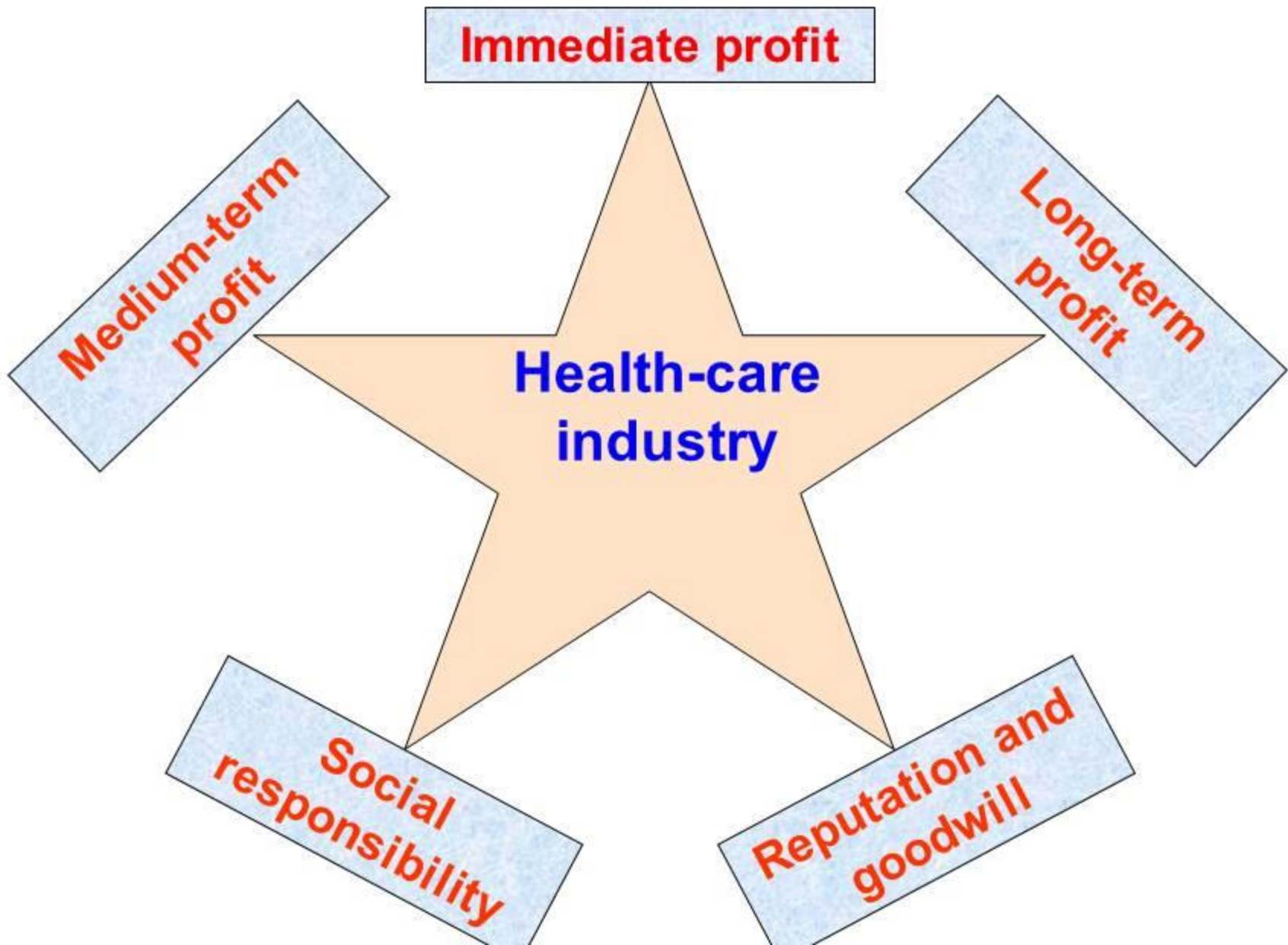


# How is this different from developed health-care systems?

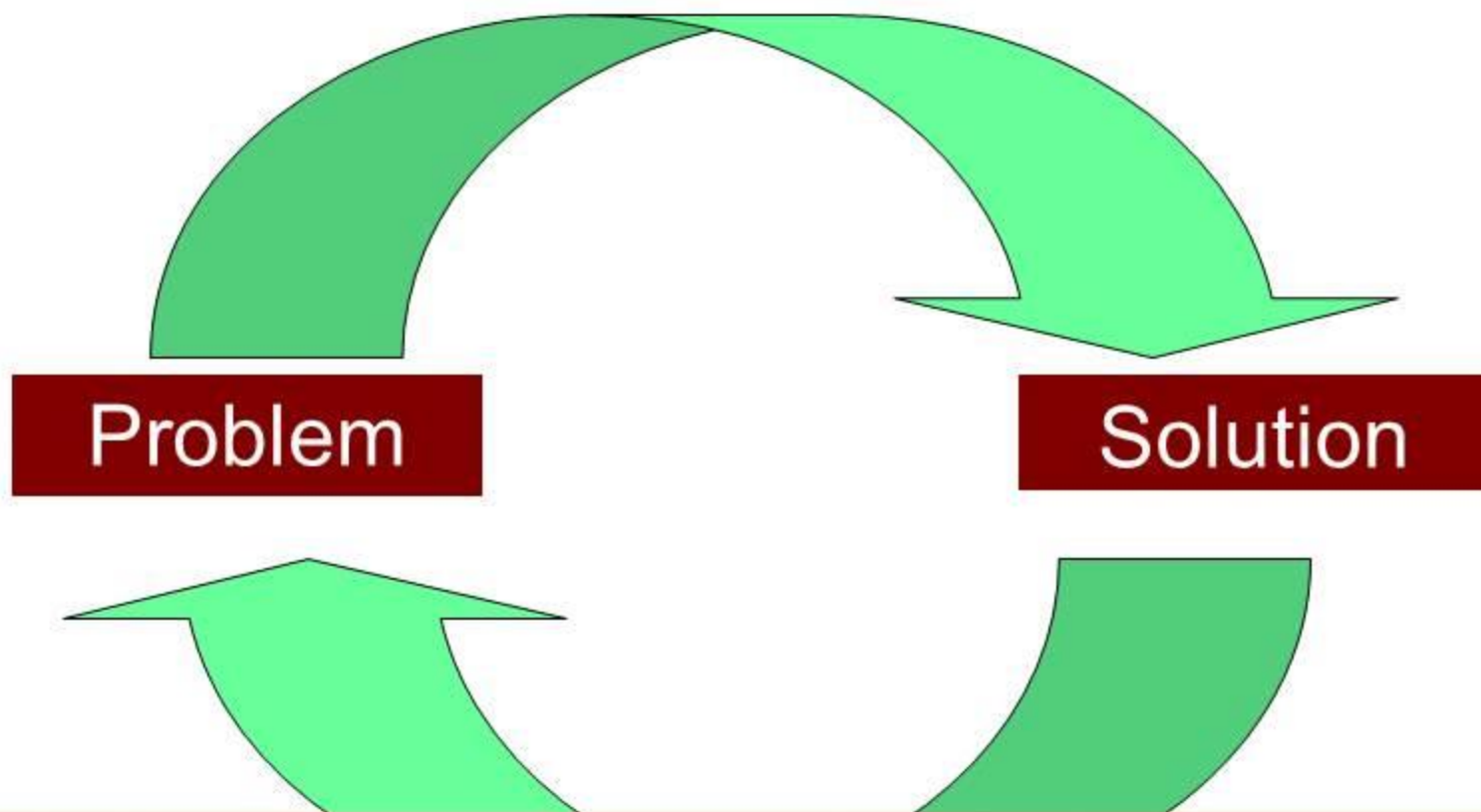
- Limited health-care insurance and social support
- Goal: Keep the costs down
- No/limited information on cost-effectiveness

Ex: Limited investment on primary prevention strategies as compared to treatment strategies

# What influences the decisions?

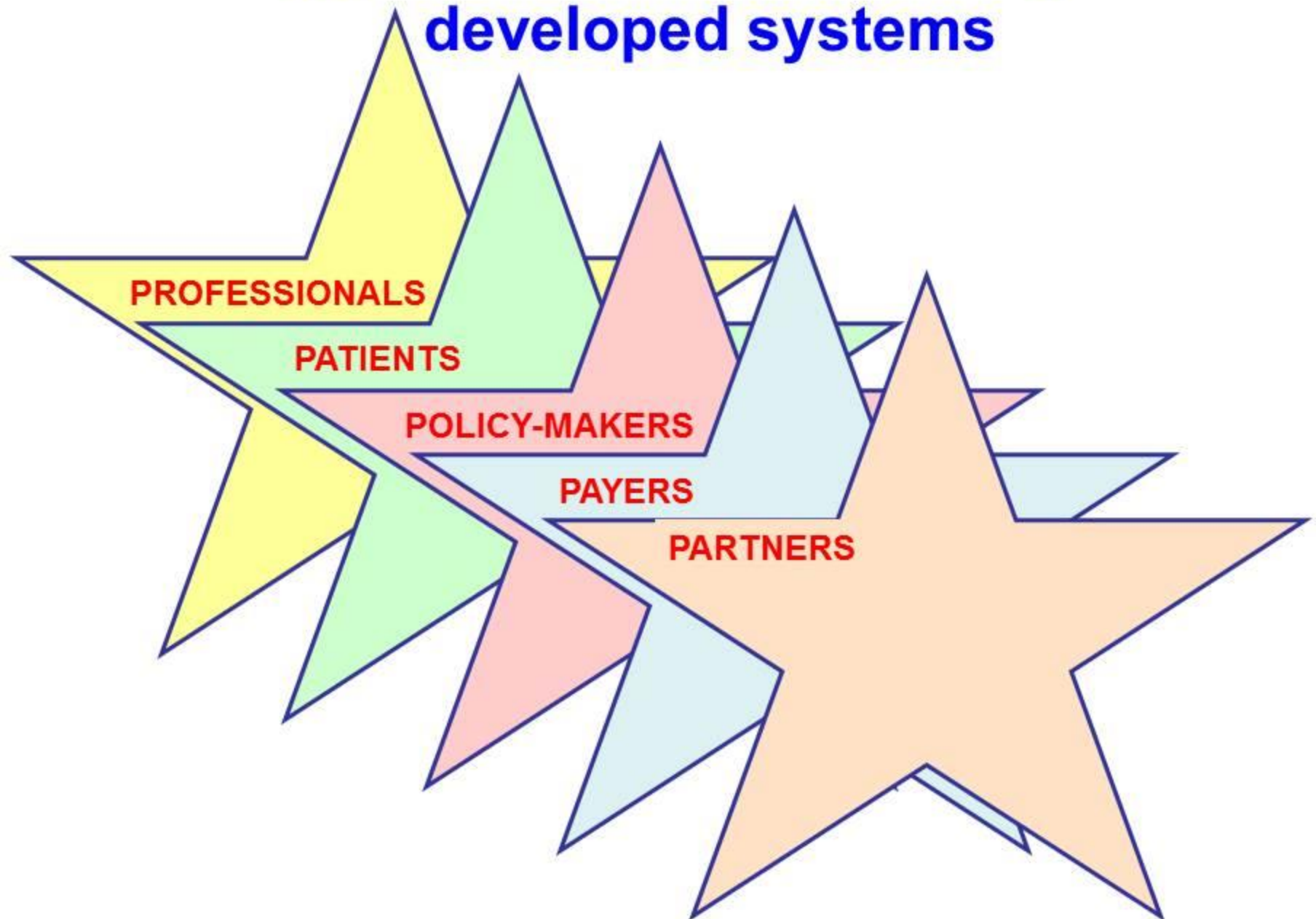


# How is this different from developed health-care systems?



Ex: Vigorous marketing of devices, equipment, drugs etc without robust evidence of effectiveness

# The big picture: Stakeholder alignment in developed systems



**Thank you**