Planification de la santé

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Planification

Si vous ne savez pas où vous voulez aller probablement vous vous retrouverez ailleurs... sans le savoir

Mager



Step 1 (planification strategique)

Décider ce qu'on veut réaliser:

EX: HABITATION

HABITATION







- **♦ DECISIONS EN FONCTION DU**
 - **◆**CONTEXT
 - **◆TARGET**
 - ♦ RESSOUCES / INSTRUMENTS
 - ♦ METHODES DE TRAVAIL
 - **♦TEMPS DE REALISATION**



Step 2 (planification tactique et operationnelle)

Organiser la realisation





Step 3

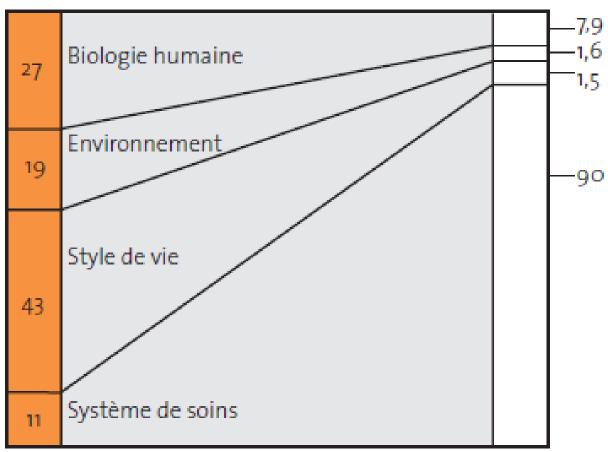
Evaluation



But de l'atelier

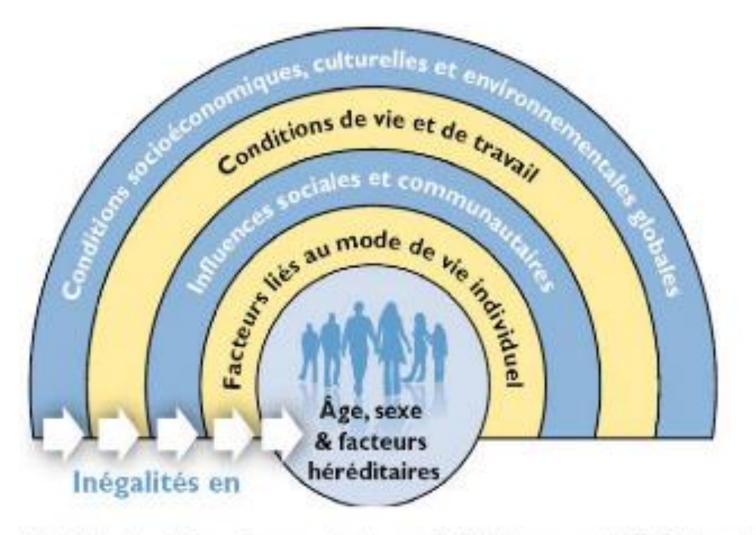
 Apprendre le raisonnement et le language pour réaliser des project valables.

Contribution potentielle à la réduction de la mortalité (en pourcentage)



Tiré de Dever D.G.A "An Epidemiological model for Heath Policy Analysis", Soc. Ind. Res, 1976

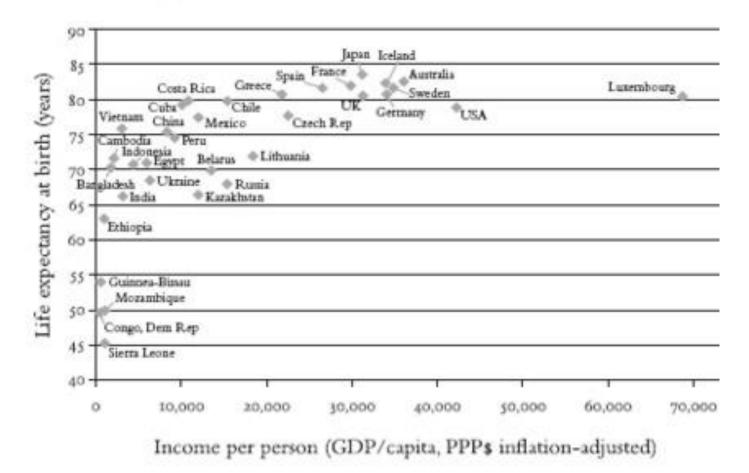
Determinants de la santé



Modèle des déterminants de la santé (Dahlgren and Whitehead, 1991).

FIGURE 1.3: RICHER AND HEALTHIER - UP TO A POINT

The relationship between wealth and health, 2012

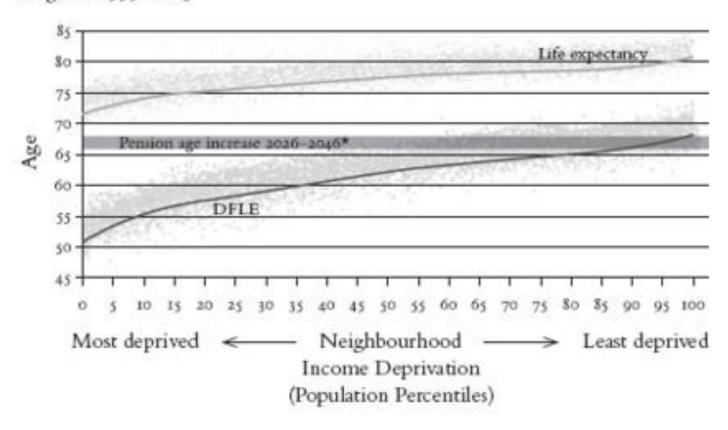


Note: PPP = purchasing power parities, i.e. adjusted for purchasing power.

Source: Data from Gapminder.

Marmot: The Health gap.

Life Expectancy and disability-free life expectancy (DFLE) at birth: England 1999-2003

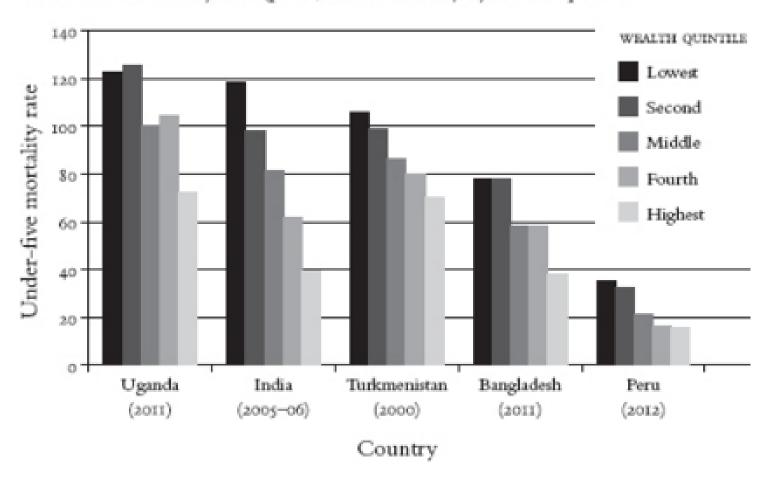


^{*}Policy has been to increase pension age to 68 by 2046.

improved steadily with rank. This linking of social position with health – higher rank, better health – I call the social gradient in health. Investigating the causes of the gradient, teasing out the policy implications of such health inequalities, and advocating for change, have been at the centre of my activities since.

FIGURE 1.2: ALL RIGHT FOR THE FEW

Under-five mortality rate (per 1,000 live births) by wealth quintile



Source: Demographic and Health Surveys.