

**L4UHC**

LEADING THE WAY IN BRINGING UNIVERSAL  
HEALTH COVERAGE TO LIFE

# Leadership for Universal Health Coverage

COLOMBO, SRI LANKA

MARCH 18-22, 2019

# P4H

SOCIAL  
HEALTH  
PROTECTION NETWORK

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# Day 3: March 20

MAKING SENSE OF UHC IN YOUR COUNTRY

DEFINING COMMON VALUES

# Listening Through Music & Reflection

# AGENDA FOR THE DAY

## DAY 5 AGENDA

8:30-9:30	Debrief
9:30-10:30	Leading by dialogue
10:30-11:00	3D Sculpting Exercise
11:00-11:30	Coffee Break
11:30-1:00	3D Sculpting continued
1:00-2:00	Lunch
2:00-3:30	3D Sculpting continued
3:30-4:00	Coffee
4:00-5:00	Collective Values of UHC

# Session 2: Leading by Dialogue

## DEEP LISTENING...

- How did it feel to be listened to deeply? (Dialogue Walk)
- How did it feel to listen mindfully? (Music)
- How often do we practice this – at home, at work?
- It's easy to develop a habit of not *really* being present in conversations & meetings (checking emails and iphone, multi-tasking)
- Research suggests this is *less* efficient and has a negative effect on our sense of *wellbeing*

# A DISTRACTED MIND IS AN UNHAPPY MIND

(KILLINGSWORTH & GILBERT, *SCIENCE* 2010)

- We spend a lot of time thinking about what *isn't* going on around us: what happened in the past, might happen in future, or may never happen at all.
- **Harvard** researchers used **iPhone app** that contacted 2,250 volunteers to track how **happy** they were, what they were **currently doing**, and whether they were **thinking about** their current activity - or about something else
- **RESULTS:** People spend **ALMOST HALF of waking hours** thinking about something other than what they're doing, and this mind-wandering typically makes them **unhappy**.
- “**Mind-wandering** is an excellent predictor of people's **unhappiness**- in fact, a better predictor of our unhappiness than the **activities** we're actually doing

# DEEP LISTENING AND CONVERSING

**LISTENING 1:**  
From HABITS

**DOWNLOADING**  
HABITS of JUDGEMENTS



**Downloading:**  
Talking nice: What others want to hear.

**LISTENING 2:**  
from OUTSIDE

**FACTUAL**  
NOTICING DIFFERENCES

OPEN MIND



**Debate:**  
Talking tough:  
Advocating what I think.

**LISTENING 3:**  
from WITHIN

**EMPATHIC**  
EMOTIONAL CONNECTION

OPEN  
HEART



**Dialogue:**  
Reflective inquiry:  
Connecting with what others feel

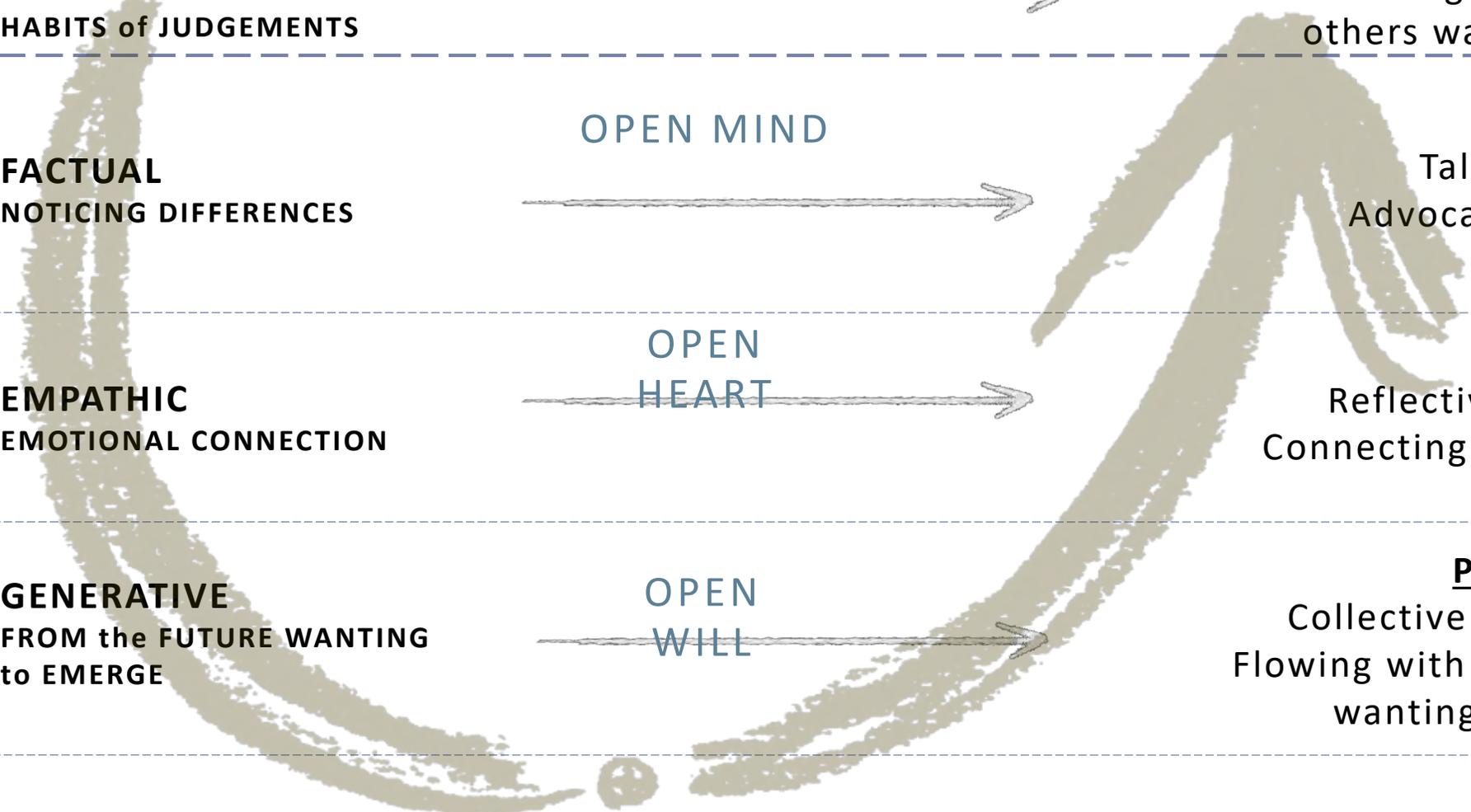
**LISTENING 4:**  
from SOURCE

**GENERATIVE**  
FROM the FUTURE WANTING  
to EMERGE

OPEN  
WILL



**Presencing:**  
Collective creativity:  
Flowing with the future  
wanting to emerge



## FROM OUR OWN EXPERIENCES...

- What's the difference between “**debating**” and “**dialogue**”?
- How can you tell when you're in a debate vs. a dialogue?
- Role Plays...



TOPIC: “Social media is a positive influence on society”  
Agree vs. Disagree

# ACTIVITY: PRACTICING DEBATING

## Round 1: Debate

- Choose a partner and choose a topic you care about
- Each partner advocates their own positions 3 minutes total
  - 1) *Social media is a positive influence on society*
  - 2) *Football is a far superior sport compared to cricket*
  - 3) *Women are naturally better doctors than men*
  - 4) *Providing access to health services is the most important role of governments*
  - 5) *Choose your own topic*
- Reflect: How did it feel? What did you notice?

# WHAT MAKES FOR EFFECTIVE DIALOGUE?

Asking open questions:

- What leads you to think that?
- Say more about that...
- What do you mean by that?
- What might the view of others be?
- What might you be missing by looking at the issue this way?
- Help me understand this a bit more. What...?
- What might be the underlying causes?

TOPIC: “Social media is a positive influence on society”  
Agree vs. Disagree

## ACTIVITY: PRACTICING DIALOGUE

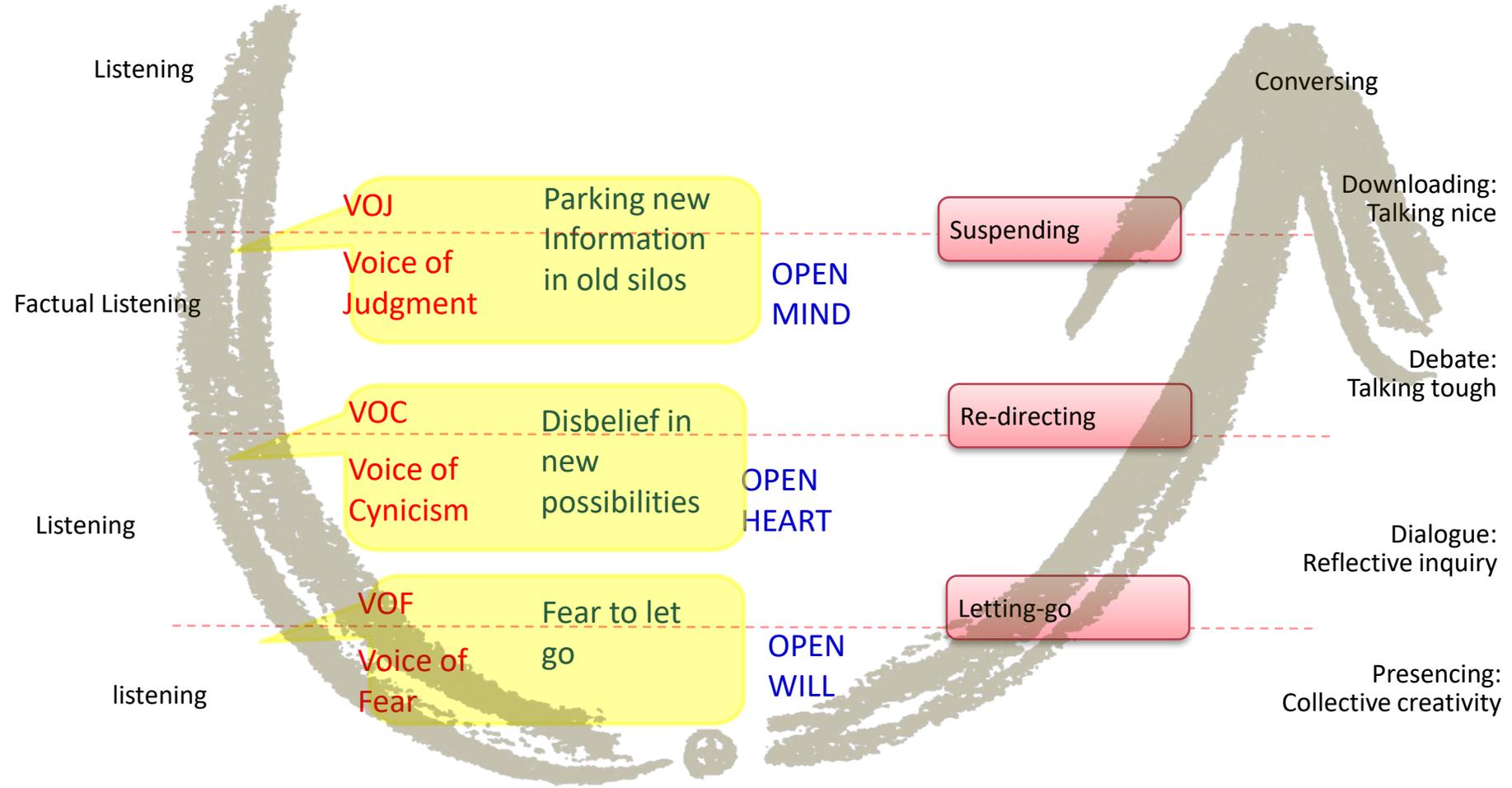
### **Round 2: Dialogue (reflective inquiry)**

- Go back to the same partner and the same topic.
- Start the conversation and then ask inquiry questions. 4 minutes

Reflect:

- How did you feel? What did you notice?

# WHAT BLOCKS INNOVATION & ADAPTIVE LEADERSHIP?



BREAK



# Collective 3D Systems Sculpting

# WHAT IS 3D SYSTEM SCULPTING?

**Purpose:** To create an externalized **view of current reality** and gain insight, from multiple perspectives, into some of the **systemic underlying causes** and shaping factors. To sense and surface the **inherent possibilities** pushing through current reality, and to begin to activate them.

**Elements:** Stakeholders, relationships, forces

**Scope:** Current coalition that will collaborate towards health financing strategy for UHC in your own country & context





# 3-D MODELING: SYSTEM SCULPTING

**Step 1:** Create a 3D model (sculpture) that represents the current situation of the system that you want to transform. After each step explain to your colleagues what you did. Listen to what your colleagues say and do, and build on each other's ideas. **Include your self and your organization in the model.**

**Step 2:** Reflect on your model from four directions (see slide), Each person responds briefly, key points are being captured.

**Step 3:** Market place walk – visit other tables to see their sculpture (one host remains)

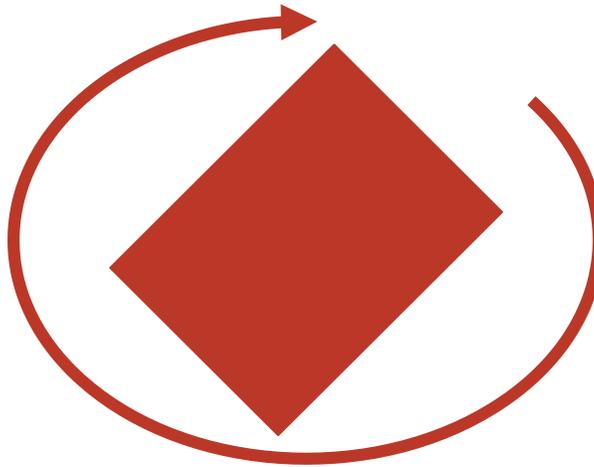
# SYSTEM SCULPTING: INQUIRY QUESTIONS

## Reflecting

- What are the adaptive challenges that lock us into the current state of operating and that you are going to face?

## Purpose

- What wants to end in this situation?
- What is seeking to emerge?



## Truth

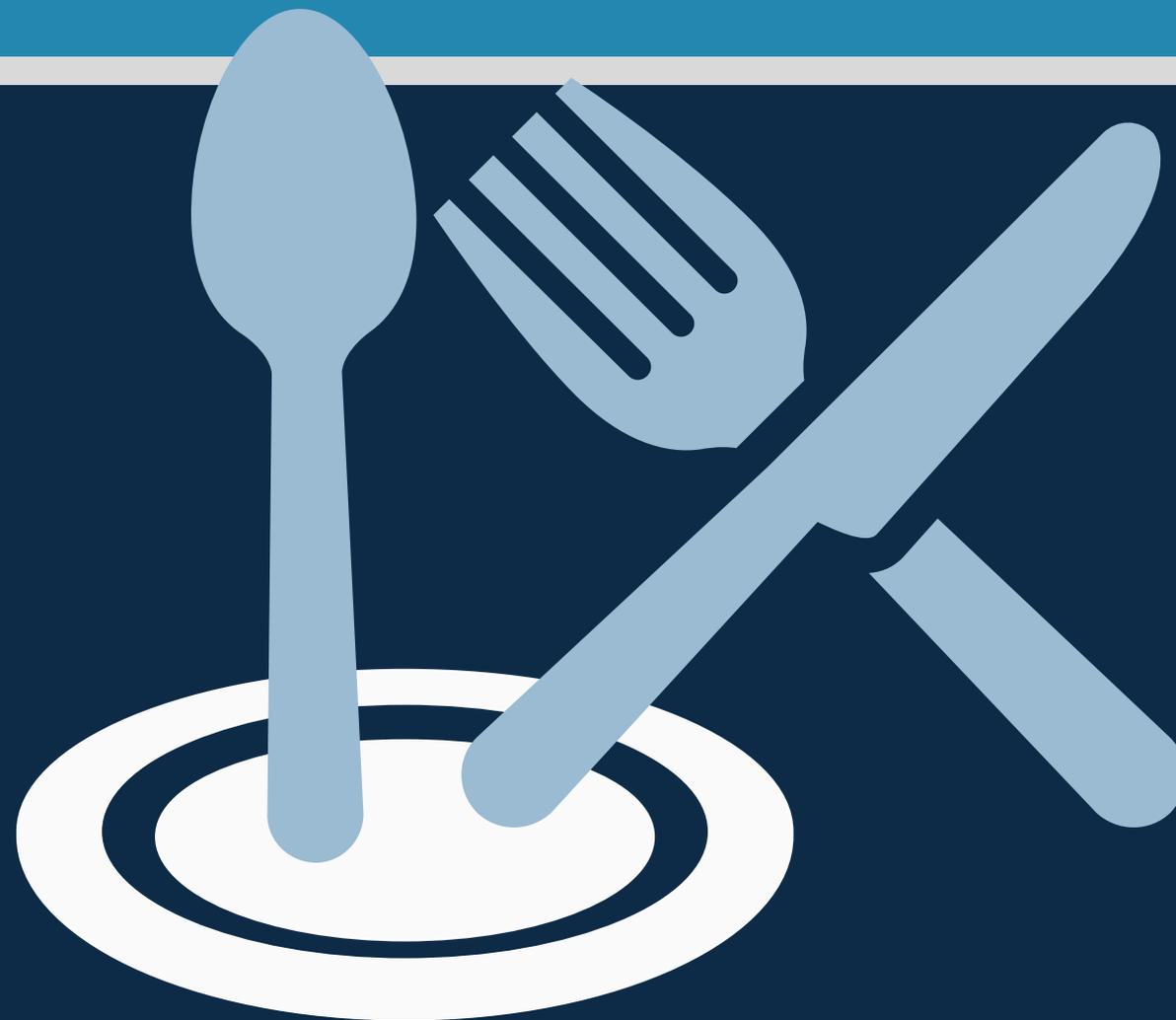
- What are the hard truths that need to be spoken?
- What's at risk if this situation were to change?
- What's at risk if it were to stay the same?

## start here:

## Feeling

- What do you love (what ignites your energy)?
- What frustrates you (what causes you to lose energy)?

LUNCH



# 3-D MODELING: SYSTEM SCULPTING

## **Step 4: Journaling:**

**Step 5:** Change your model so that it better represents the desired future

**Step 6:** Reflect and capture your key learnings: What clarified for you?:

- What are the key structural differences between Sculpture 1 and Sculpture 2?
- Identify the 2 or 3 strategic leverage points that could move the system from 1 to 2
- List all important stakeholders, needed to move towards the desired future

BREAK



# Collective Values

# WHAT BINDS US TOGETHER?

## INDIVIDUAL REFLECTION

- *What needs to be understood better to move forward into any desired future?*
- *What becomes easier to do if you could work collectively?*

## COLLECTIVELY BY COUNTRY TEAM

- *What is a source of our collective inspiration?*
- *Who are we making all these decisions for?*

## EXAMPLES

**Madagascar:** It's about citizen expectations during a volatile period of the country's politics.

**Benin:** It's about balancing national solidarity and respect for the individual human being.

**Laos:** we are doing this for everyone inside our borders, it's the service we provide.



DINNER

LEAVE AT 6:15 AT THE LOBBY  
HOTEL CLUB HOTEL DOLPHINE

## END OF DAY REFLECTION

WHAT IS THE GLUE THAT BINDS COALITIONS TOGETHER IN YOUR COUNTRY,  
RESOURCES, TRUST, NEUTRAL FACILITATOR???

# ACHIEVING UHC



Why Sri Lanka?

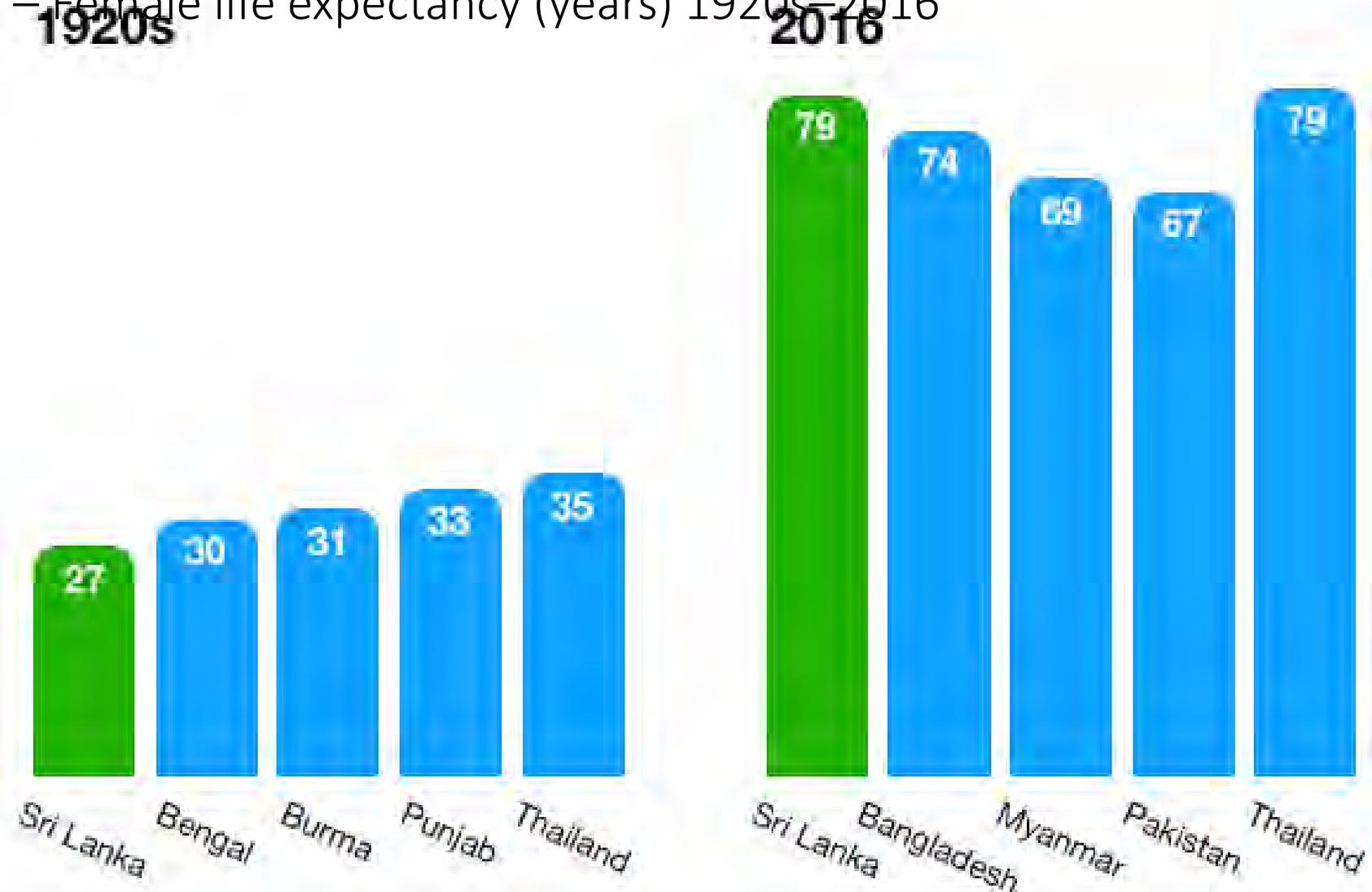
# UHC outcomes as good as the global stars, but at lower cost and income

– Sri Lanka compared to the usual UHC role models

	Sri Lanka	Thailand	Turkey	Mexico	Japan	USA
<b>RESOURCES</b>						
GDP per capita (USD)	4,074	6,595	10,546	8,910	38,428	59,532
Total health spending (% GDP)	3.4	4.5	5.4	6.1	10.3	17.0
Government health spending (% GDP)	1.5	3.6	4.1	3.2	8.4	8.0
Out-of-pocket spending (% of THE)	46	12	15	44	14	12
<b>COVERAGE</b>						
Skilled birth attendance (%)	99	100	91	100	100	99
Measles vaccination (%)	99	99	98	89	95	91
Outpatient visits to doctors per capita	6	2	8	3	13	4
Hospital admissions per 100 population	28	14	16	5	11	12
Infant mortality rate per 1,000 births	8	11	17	13	2	6
Life expectancy at birth (years)	75	75	75	75	84	79

# Despite starting behind on health outcomes

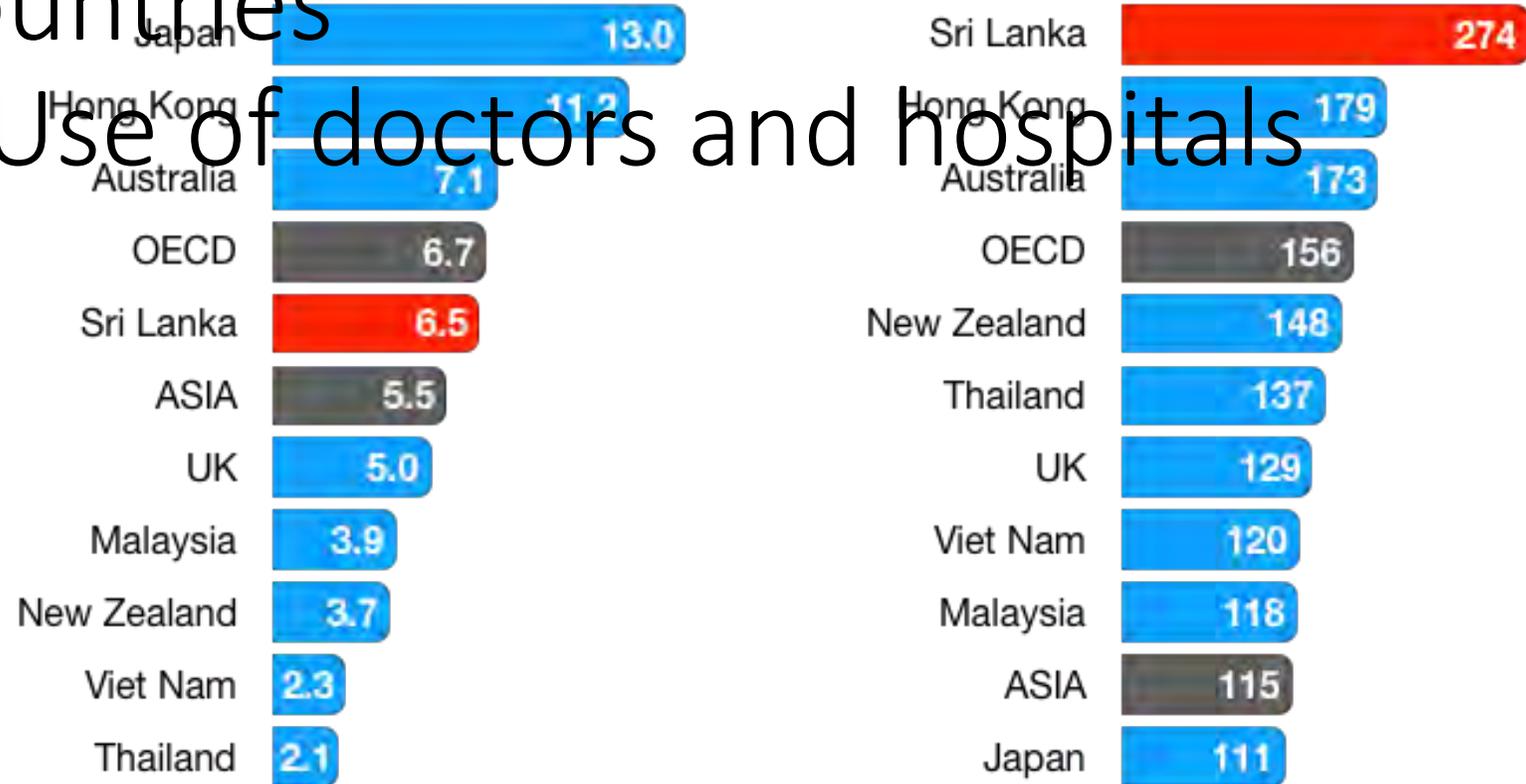
– Female life expectancy (years) 1920s–2016



Healthcare, social determinants or  
money?

# Rich and poor Sri Lankans use medical care as often as people in rich countries

– Use of doctors and hospitals

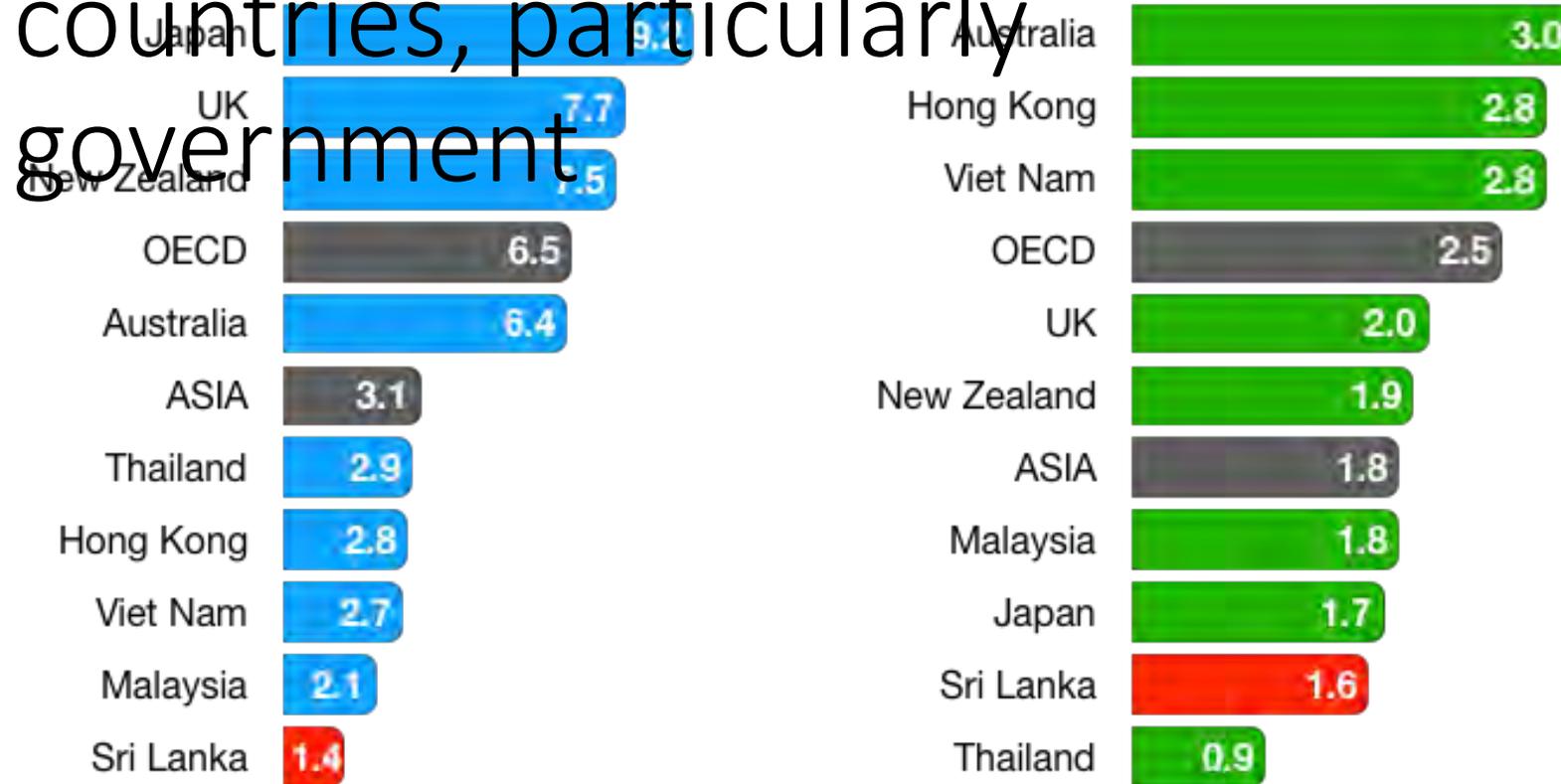


Visits to doctors  
Per person per year



Hospital stays  
Per 1,000 people per year

But all done while spending less on healthcare than other countries, particularly government



Government spending  
% GDP



Private spending  
% GDP