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Universal health coverage on the journey towards Healthy Islands in the Pacific

The vision of Healthy Islands has strong links to the notion of health services for all, or universal health coverage (UHC). Primary health care (PHC) is the foundation of the health system and the most equitable and efficient approach for UHC in the Pacific, demonstrating a strong affinity with the Healthy Islands vision.

A literature review, interviews and a technical consultation identified three cross-cutting and interrelated implementation challenges that face Pacific island countries and areas in pursuing the Healthy Islands vision and UHC, with a particular focus on PHC. Efforts are underway across the Pacific to overcome these implementation challenges. These efforts include essential service packages and role delineation policies, integrated supervisory visits, community health worker programmes, planning and budget reforms and corporate services reforms.

Based on success stories, practical actions to overcome common challenges to progressing UHC and implementing the 2015 Yanuca Island Declaration are proposed. Ministers are invited to discuss these proposed actions and agree on future directions for implementation, focusing on strengthening PHC.

1. BACKGROUND

Pacific health ministers made a commitment to the Healthy Islands vision in 1995. The vision emphasizes the importance of health service delivery to ensuring that children and adults can grow, learn, play and age with dignity. Combined with a focus on community, Healthy Islands has strong links to the notion of health services for all, or universal health coverage (UHC).

UHC is based on the principle that all individuals and communities should have access to quality essential health services without suffering financial hardship, and is a major part of the Sustainable Development Goals (SDGs) agenda. UHC is strongly embedded within actions to progress the Healthy Islands vision in the 2015 Yanuca Island Declaration endorsed by Pacific health ministers. It is related with: 1.3 improve national leadership capacity, working across sectors and ensuring coherence and integration; 2.1 strengthen service provision to ensure child health, including provision of prenatal and maternal care; 3.3 develop integrated, people-centred health service delivery; and other recommendations in the Declaration. In addition to regional commitments, UHC has been embedded within the national health policy frameworks in many Pacific island countries and areas (PICs).

Regional and global experience suggests that the best trigger for progress towards achieving the Healthy Islands vision and UHC for most PICs will be a focus on strengthening primary health care (PHC). PHC is the foundation of the health system and the most equitable and efficient approach for UHC, demonstrating a strong affinity with the Healthy Islands vision (more details are provided in the Annex).

2. PROGRESS AND ACHIEVEMENTS

2.1 Status of UHC in the Pacific

The status of UHC varies across the PICs. While indicators for health outcomes and service coverage show overall improvement over the last few decades, a number of PICs have shown mixed results in some health indicators over the last decade. Total health expenditure per person in most PICs is comparable to other countries with similar levels of income, although with a higher share of public expenditure and lower out-of-pocket payments. However, in many PICs real¹ expenditure per person is stagnating or decreasing due to modest economic growth, less predictable and decreasing donor funding, and in some cases high population growth. The country representing 80% of the Pacific population, Papua New Guinea, is experiencing a decrease in real health expenditures. This has the potential to reverse past health gains (there are more details in the Annex).

2.2 Successes in implementation

Efforts are underway across the Pacific to overcome the implementation challenges of UHC and PHC. None of these challenges can be overcome without political will. The Annex highlights examples of change where political will is strong, where individual champions of change drive reform, and where institutions and partnerships are not only receptive to change, but also enable and amplify

¹ Real expenditures are adjusted to reflect the impact of inflation (or deflation) over time.

it over the longer term. These examples include essential service packages and role delineation policies, introduction and integration of new services for noncommunicable diseases (NCDs), community health workers increasing the visibility of the health system in communities, more trained medical doctors for PHC, planning and budget reforms, review of corporate services and associated reforms, and integrated supervisory visits (more details are in the Annex).

3. CHALLENGES

A literature review, interviews, and a technical consultation with a group of experts in March 2017 identified three cross-cutting and interrelated implementation challenges faced by PICs in pursuing the Healthy Islands vision and UHC, with a particular focus on PHC.

3.1 Using the right health service delivery models at PHC level, with a particular focus on integration of both public health and clinical services, and improving coverage of NCD services

Over recent decades, while vertical public health programmes advanced across PICs, there was insufficient attention focused on improving, adapting and strengthening comprehensive and integrated PHC services. More attention also needs to be placed on NCDs and preventive service delivery adjusted to epidemiological and demographic changes in each country. Rebuilding and improving PHC starts with defining what services will be delivered where, by whom, and with what support. This requires updating old service models to encompass the full range of services and re-integrating public health activities. Enhancing capacity at PHC level is also essential for dealing with global security threats resulting from the increased mobility of people, products and food.

3.2 Increasing the share of resources allocated to lower level health facilities and community-based services for PHC

PHC still forms the backbone of the service delivery system in many PICs, but it is under-prioritized, inadequately resourced and insufficiently supported. Multiple studies have found that under-staffing contributed to the temporary or permanent closure of lower level facilities. Increasing funds available for PHC in the community and at facilities may not require significant additional resources, but rather a certain level of reallocation. An equitable reallocation of resources to PHC should be informed by technical work to set standards for services, assessing the extent to which service providers meet those standards. Health ministries can work with public service commissions and treasuries to ensure that gaps in meeting those standards are translated into resources for budget and staffing.

3.3 Improving managerial, administration or supervisory capacity to ensure that resources reach lower level health facilities


Getting resources to facilities is both a governance and an administrative issue that may involve government agencies outside the ministries of health. Most of those interviewed expressed frustration with “managerial”, “supervisory” or “implementation” capacity from the executive level down to facilities. The nature of these challenges varies across ministries of health in PICs depending on their degree of centralization/concentration and specific functions, but interviewees in both centralized and decentralized/deconcentrated systems wanted to create more “capability to manage budget and take action locally”.

4. FUTURE DIRECTIONS





Building and maintaining healthy and prosperous communities in most PICs will require that currently available resources be used in the most equitable, efficient and effective way possible. At the same time, efforts are needed in some contexts to prevent or reverse negative trends in health financing, for example by pursuing funding from domestic, regional and/or international sources. The recommendations below set out practical actions to overcome common implementation challenges to progressing UHC and implementing the 2015 Yanuca Island Declaration, focusing on strengthening PHC (more details are in the Annex).

4.1 Recommendations for governments

The 12th Pacific Health Ministers Meeting may consider:





-  Agreeing on the future directions below for progressing UHC, focusing on strengthening PHC.

Governments may consider:

-  Strengthening, demonstrating and sustaining political will for action.
 - Increase the will for change by ensuring that political leaders and the public understand why and how their own country will improve health service delivery to achieve UHC and the Healthy Islands vision and what that will mean for them.
 - Demonstrate commitment to action through greater transparency on health system performance and resource allocation.
 - Institutionalize accountability for action and change within the Government through parliamentary mechanisms.
-  Determining the right services and the right model to achieve UHC.
 - Strengthen PHC as a trigger for change.
 - Attract and maintain the right staff in the right place with the right skill mix.
 - Monitor health system performance using health information systems.
 - Improve optimal resource use in secondary and tertiary care.
-  Planning and budgeting resources for UHC.
 - Create a fit-for-purpose financial management system to get resources to the lowest levels of the system.
 - Develop one health sector annual plan and one budget.
-  Strengthening health workforce management.
 - Strengthen the health workforce management system.
 - Implement management/leadership training and development.
 - Improve continuing professional development.

4.2 Recommendations for development partners

Development partners may consider:

-  Working collectively with government counterparts to strengthen PHC as a starting point for change and monitoring implementation using existing health information systems.
-  Aligning with not only national health strategic plans, but also the annual operational planning process by being on plan and on budget, as well as on the country's system to the extent possible.
-  Aligning support with the service delivery model and the essential service packages developed by the Government, including supporting and building capacity in health financing and the costing of service delivery models.
-  With government counterparts, advocating more investment in PHC and health workforce development in the Pacific.