

172nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26-30 June 2023

Provisional Agenda Item 7.10-D

CE172/INF/10(D)

17 May 2023

Original: Spanish

STRATEGY FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE: PROGRESS REPORT

Background

1. This document presents to the Governing Bodies of the Pan American Health Organization (PAHO) a progress report on the implementation of the Strategy for Universal Access to Health and Universal Health Coverage (Document CD53/5, Rev. 2 and Resolution CD53. R14) (1, 2). The objective of the strategy is to ensure that all individuals and communities have access to the comprehensive health services they need. The strategy defines "access" as the ability to use comprehensive, appropriate, timely, quality health services when they are needed, without geographical, economic, sociocultural, organizational, or gender barriers; and "health coverage" is defined as the capacity of the health system to serve the needs of the population: availability of infrastructure, human resources, health technologies (including medicines), and financing. Universal access to health and universal health coverage is known as "universal health".

2. In the context of the COVID-19 pandemic, the strategy has been a fundamental framework for implementing initiatives to strengthen and transform health systems. Universal access to health and universal health coverage are considered to be key pillars in the transformation of health systems in the Region of the Americas, with a view to addressing persistent challenges, many of which have been aggravated as a result of the pandemic. A recent Pan American Sanitary Bureau (PASB) report emphasized that, prior to the pandemic, the Region was making good progress toward universal access and coverage, despite persistent systemic deficiencies and inequalities (3). It also indicated that the COVID-19 pandemic reversed the progress made, while exposing and exacerbating the structural weaknesses of health systems, as well as their inequalities. As a result, it has been challenging to maintain the continuity of essential health services while responding to the pandemic.

3. Subsequently, in order to provide an overarching strategic framework to help Member States combat the fragmentation of health care and ensure integrated care, in September 2023, the 30th Pan American Sanitary Conference adopted the Policy on Integrated Care for Improved Health Outcomes (Document CSP30/10 and Resolution CSP30.R4) (4, 5).

4. This report comes at a critical time, as the countries of the Region and the world are rebuilding their health systems following the impact of the COVID-19 pandemic. Some of the actions implemented in the Region in accordance with the four strategic lines of action of the strategy are presented below.

Analysis of Progress Achieved

Strategic line of action 1: Expanding equitable access to comprehensive, quality, people- and community-centered health services

5. Member States have taken steps to advance on this strategic line of action. Thirty-four PAHO Member States are implementing or planning to implement strategies and plans of action to increase response capacity at the first level of care, and 18 countries have strengthened integrated health service delivery networks and promoted improvements in the quality of comprehensive health service delivery.

6. During the COVID-19 pandemic, all Member States worked to reorganize health services and expand response capacities. These actions significantly increased hospital capacities, strengthened the first level of care and continuity of essential health services, and enabled the implementation of public health interventions. With the support of PASB, at least 10 countries implemented capacity assessment tools at the first level of care, including the methodology for the assessment of essential conditions.

7. The COVID-19 pandemic also offered an opportunity for countries to include innovations in service delivery, such as increasing critical care beds, strengthening the first level of care for diagnostic testing, contact tracing and isolation, experiences in integrated health service networks, moving to community-based care and community engagement, and unprecedented digital transformation.

8. In addition, some countries made progress in reforming their care models, and others reactivated national initiatives to improve the quality of care. At least 10 countries allocated additional funding for health system recovery, while some implemented targeted interventions to improve access to essential health services.

9. The unacceptable gap in human resources for health threatens the implementation of an integrated networks approach. Despite improvements in availability and distribution, the World Health Organization (WHO) projects that by 2030 the Region will have a deficit of at least 600,000 health professionals. This issue underlines the pressing need to increase investment in education and employment for health personnel.

Strategic line of action 2: Strengthening stewardship and governance

10. Member States have improved the political and technical capacity of health authorities to lead processes of change in health systems. Building on the Declaration of Astana (6) and the renewal of a comprehensive approach to primary health care (PHC), many countries have emphasized the development of normative frameworks that are consistent with the values of the right to health, equity, and solidarity. Several countries in

the Region have developed governance models that promote people- and community-centered models of care based on an integrated service network approach. The report of the High-Level Commission on "Universal Health in the 21st Century: 40 years of Alma-Ata" (7) reflected these commitments.

11. When implementation of the strategy began, countries agreed to move forward in the analysis of health service access barriers and to formulate policies to overcome these barriers. Compact 30–30–30: PHC for Universal Health (8) prioritizes investment in the first level of care and the elimination of access barriers by 2030. In addition, PASB published the Monitoring Framework for Universal Health in the Americas (9). Since this publication, many countries have prioritized updating information on the conditions of access to health services.

12. Given the impact of the COVID-19 pandemic, major efforts to transform health systems have been aligned with the new mandates approved by the Governing Bodies of PAHO since 2020. Several countries in the Region are considering the need to implement structural reforms in this regard.

13. The COVID-19 pandemic revealed weaknesses in the capacity of health systems to respond to epidemiological and societal challenges. In this regard, it was also an opportunity to strengthen the leading role of health authorities and improve intersectoral coordination to address the social determinants and needs of vulnerable communities most affected by the pandemic.

14. To support the evaluation of health authorities and to build their capacities, PASB published "The Essential Public Health Functions in the Americas. A Renewal for the 21st Century. Conceptual Framework and Description" (10). The essential public health functions (EPHFs) form part of the institutional capacities that countries must strengthen in order to take appropriate actions in public health. Since the presentation of the conceptual framework, 13 countries have conducted assessments of access barriers and public health capacities with a view to developing action plans to strengthen their EPHFs. As a result, several countries worked to strengthen their basic legal framework, guided by the EPHFs, and developed action plans closely linked to national health and development plans.

15. Among the actions taken to facilitate the empowerment of individuals and communities, and ensure the representation of all population groups, the actions aimed at addressing the challenges faced by the migrant population are especially important. Using PASB's information platform on health and migration, countries have promoted knowledge exchange and the design of evidence-based health policies and interventions, materials for capacity development, and research initiatives on this subject.

16. To promote research on universal health as part of the national research agenda, PASB has established partnerships with national institutes and schools of public health in the Region. These initiatives have enabled assessments of access conditions and of the EPHFs at the national and local levels. In addition, the capacity to address ethical issues in public health has been significantly strengthened by workshops and guidelines on

integrating ethics into the COVID-19 response, for example, establishing ethical priorities for scarce resources in critical COVID-19 care, ethical use of unproven COVID-19 interventions outside of research, and ethical conduct in surveillance.

Strategic line of action 3: Increasing and improving financing, with equity and efficiency, and advancing toward the elimination of direct payment that constitutes a barrier to access at the point of service

17. The strategy contains concrete actions to address health system financing challenges in the national fiscal, economic, and social context of Member States. It is proposed that countries move towards public expenditure on health equivalent to 6% of gross domestic product (GDP). Five Member States have reached this target and the average for this indicator rose one percentage point from 3.7 to 4.7.¹

18. With regard to the elimination of out-of-pocket payment, the macro indicator of out-of-pocket expenditure on health as a percentage of current expenditure on health has fallen by more than three percentage points (almost 10%) from a simple average of 32.6% to 29.3%. However, the proportion of people living in households in which out-of-pocket expenditure on health accounts for more than 10% of total spending has decreased in only four Member States since the adoption of the strategy. In this sense, the burden of out-of-pocket expenditure on health continues to be considered one of the main challenges in health financing in the Region.

19. At least 10 Member States are now implementing or plan to implement equitable financing strategies and reforms to sustain progress towards universal health. In addition, at least seven Member States are implementing or plan to implement specific strategies to eliminate out-of-pocket payment for health services. During the pandemic in 2020 and 2021, almost all Member States were able to ensure free access to diagnostic services, treatment, and vaccination, representing a considerable effort.

20. It is also important to highlight the efforts that Member States have made to increase public expenditure on health in response to the pandemic. In 2020, current per capita public expenditure on health increased by almost 10%, on average. In addition, the financial support from the main multilateral organizations in Latin America and the Caribbean totaled more than US \$8 billion (2020–2022). As the acute phase of the pandemic gradually passes, a decrease in support from these agencies is beginning to be observed, and it is expected that health will become less of a priority in national budgets. In combination with the delicate economic and fiscal situation that Member States face as a result of the pandemic, a significant challenge is looming in terms of public financing for health in the Region.

¹ It is important to note that this latest measurement, from 2020, should be interpreted with caution, since the denominator of the indicator (GDP of Member States) for 2020 shows a significant drop as a result of the COVID-19 pandemic. This means that the indicator as a whole is likely to show an atypical high value. However, the number of countries (five) reaching the 6% target has remained steady, before and after the pandemic.

Strategic line of action 4: Strengthening intersectoral coordination to address the social determinants of health

21. The strategy establishes recommendations to move towards universal health, understanding that not all determinants of health are within the sphere of action of health systems and health policies. In this sense as well, the pandemic highlighted the interconnections between health and the other social protection policies that Member States have implemented. Some of these measures have targeted non-contributory social protection; from the beginning of the pandemic to mid-2021, 33 Member States adopted about 430 such measures (11).

22. Based on the exercises in which the evaluation instrument of the new EPHF framework was applied in the Region (10), it was determined that in most of the evaluated Member States, there is a gap in their programs and goals to reduce inequalities, namely, a lack of integration between institutions in the health sector and other government sectors, both at national and subnational levels. Another gap is the lack of strategies to address different types of access barriers to health services.

Lessons Learned

23. Before the COVID-19 pandemic, the Region of the Americas was making progress toward the achievement of universal access to health and universal health coverage, although gains were slow due to persistent systemic deficiencies and inequalities. Since the pandemic, this progress has been reversed, exposing and exacerbating structural weaknesses in health systems and inequalities in health (3).

24. The Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains (Document CD59/11 and Resolution CD59.R12) (12, 13), adopted in 2021, complemented the universal health strategy with lessons learned by health systems during the pandemic. This document urged concrete actions in health systems, increased investment to sustain the transformation and strengthen the links between health, the economy, and social sectors.

Action Needed to Improve the Situation

25. Although the mandates and recommendations of Resolution CD53.R14 (2) remain in force, it is necessary to redouble efforts to advance towards universal health in the Region. The COVID-19 pandemic laid bare more than ever the need to transform health systems in the direction of universal health, with a strong focus on PHC. In light of the achievements and challenges presented in this report, the following measures are proposed for consideration by the Member States:

- a) It is recommended that Member States renew the universal health strategy in order to establish resilient health systems, while maintaining and protecting public health achievements. In this regard, it is proposed that Member States focus efforts on the

- implementation of the Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains (13).
- b) It is imperative to regain access to priority health services and implement an efficient PHC approach in the organization of health services as a fundamental component of building resilient health systems, given the results of the Third round of the National Survey on the Continuity of Essential Health Services during the COVID-19 Pandemic (14).
- c) This transformation requires strategies to guarantee the necessary financial resources and essential human resources, both in relation to training and retention, in light of the lessons learned regarding the impact of the comprehensive PHC approach to the management of priority diseases, such as noncommunicable diseases, with continuous emphasis on social and intersectoral participation.
26. This approach is imperative in order to eliminate more than 30 communicable diseases and related issues in the Region by 2030, and to implement both the WHO's Immunization Agenda 2030 (15) and the policy on Reinvigorating Immunization as a Public Good for Universal Health (Document CD59/10 [2021]) (16). The recommendations presented in each strategic line of action are aimed at structural changes in health systems, in convergence with the Sustainable Health Agenda for the Americas 2018–2030 and the Sustainable Development Goals. In this regard, Member States are invited to get involved as much as possible in the preparation of the high-level meeting of the United Nations General Assembly on universal health coverage, which will take place in 2023.

Action by the Executive Committee

27. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

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