

Consultation on the Draft PAHO Strategy for Universal Health Coverage

GROUP PRESENTATIONS

JUNE 26, 2014



Participants of the British Virgin Islands Consultation on the Draft PAHO Strategy for Universal Health Coverage

GROUP PRESENTATIONS

STRATEGIC LINE 1 – EXPANDING EQUITABLE ACCESS TO COMPREHENSIVE, QUALITY, PEOPLE AND COMMUNITY CENTERED HEALTH SERVICES

Group I

- Darlene Carty-Baptiste, Chief Executive Officer, BVI Health Services Authority
- Carolyn Stoutt-Igwe, Deputy Secretary, Ministry of Health and Social Development
- June Samuel- Chief of Medical Staff (Director of Medical Services)
- Jascinth Hannibal, Chief Nursing Officer
- Gretchen Hodge-Penn, Ag. Director of Nursing, BVI Health Services Authority
- Lucy Martin, Director of Community Health Services, BVI Health Services Authority
- Bennet Smith, Representative, BVI Diabetes Association
- Helen Frett, Director, BVI Red Cross

Common Questions for all Groups

1. What, in your view, are the most essential points in the document?

The group by consensus agreed that the most essential points in the document are from Section 26 through 31. It is critical to define the healthcare services to be offered within a legal framework for monitoring, evaluation and enforcement of quality standards. This basket of healthcare services is solely based on the demand for such care and increases accessibility through parity. This group does not prescribe to the usual definition of a vulnerable patient which includes age. Vulnerability is based on availability of resources and ones position in power relationships which is important to ones own decision-making. Anyone and everyone is vulnerable to a lesser or greater degree. Access to quality health care is a human right that must be provided to all.

The Territory list should establish the type of healthcare services to be provided through UHC along with the standard to which these services are to be rendered.

2. What aspects are not addressed or should be included?

The group concurs with the methodology for evidenced based decision making and the multidisciplinary provisions, timely data is needed to support Section 26. The timeliness of such data will strongly influence policy and rationalized the need to include new healthcare services or exclude a service. All timely evidence based data, should be correlated to the current environment or the identified needs/demands of the populace.

3. What are the main elements for a roadmap for moving towards universal health coverage in the country?

In the BVI, great strides continue towards UHC. Unlike some other territories and countries, the BVI maintained the political will to improving the social and healthcare needs of its people. The ability to correlate a system change (healthcare reform) with a notable physical change (new hospital) supported the movement. The need to educate the public about the program should be part of the roadmap.

Strategic Line - Questions

- a.) What importance do you give in order to advance to Universal Health Coverage to the following aspects?

(This group took the liberty to categorically order the aspect below.)

1. A primary level of universal care with broad coverage and sufficient response capacity

- *It is imperative to define the level of coverage, clarify the goals and objectives for the populace, ensure effective and efficient use, manage resources (human and financial capital) and conduct ongoing evaluation. This will establish the overall vision.*
- *Defining the comprehensive, universal package is an essential element in guaranteeing the right to health and should equally extend to all people, regardless of their ability to pay.*
- *The package should take into account the differential and unmet needs of all people, and address the specific needs of groups in conditions of vulnerability.*
- *Decision making concerning the universal package of services should be evidenced based, with ethical, cultural and gender perspectives.*
- *Transform the organization and management of health services through the development of health care models that focus on the needs of the people.*
- *Consolidate collaborative multidisciplinary health teams and ensure sufficient response capacity with access to health information and telehealth services.*
- *Define processes that systemically and progressively improve the availability and rational use of medicines and other health technologies in health services.*
- *Implement programs for the empowerment of people.*

2. Design and implementation of the existence of an explicit and universally guaranteed package of services/benefits

As stated earlier in this document, the basket of health services should be predefined and communicated to the populace. Service utilization can be monitored. Thus, the health outcomes should be monitored and can drive the use of services. Clinical pathways must be followed and assessments conducted to ensure a lean system of care.

3. Develop a model of care structured in integrated health services networks

A more integrated health services networks will impact the continuum of care. As the populace traverses the health care system, service utilization is monitored and health outcomes will improve with greater compliance. Everyone is prescribed a healthcare team who will manage their primary, secondary and/or tertiary care.

4. Development of policies for the training and recruitment of competent, adequate and well distributed human resources

A national/international recognized regulatory body can greatly impact the development of policies for the training and recruitment of human capital. A country or even regional body can monitor adherence to these standards.

5. Strengthening primary care by increasing coverage and improving the response capacity

This is a recognized benefit in the provision of health care. This may include but not be limited to increasing access to the primary care by the number of providers, locations or hours of service. A stronger primary care system does not burden the other components of care thereby having greater productivity in the country.

6. Availability of medicines and other technologies according to criteria of cost effectiveness, safety and efficiency.

b.) Which, in your opinion, are the aspects in your country that should be promoted in order to expand equal and effective access to quality services, particularly for groups in situations of vulnerability?

Define a model of care; structure should be more than the integration of health services networks. It should include all the agencies that affect health e.g. Social Services; Education; Agriculture; community engagement

c) Which, in your opinion, have been the experiences and/or most valuable lessons on improving access to care?

Engaging the community through community meetings; matching physicians to specific community health centres; assessment of patients outside of chief complaint (total assessment of the patient required)

d) How could PAHO support your country in this process?

Technical assistance in defining model of care, training, capacity building and gap analysis

Group 2

STRATEGIC LINE 2 - STRENGTHENING STEWARDSHIP AND GOVERNANCE

Members :

Gracia Wheatley - Smith - Chief of Drugs and Pharmaceutical Service

Loralie Connor - Gender Affairs Coordinator

Geraldine Ritter Freeman - Consultant - Premier's Office

Iciss Potter - Crown Counsel, Attorney General's Chambers

Tasha Bertie - Deputy Secretary - Ministry of Health & Social Development

Common questions for all groups:

1. What, in your view, are the most essential points in the document?

- *Ensuring accountability on the road to universal health coverage.*
- *Dialogue and social participation with relevant stakeholders in the development of policies is critical*
- *The evaluating and monitoring of programs and the inclusion of people from civil society and the private sector in the process.*
- *Generation and allocation of financial resources to promote equity and access to ensure financial protection.*
- *Strengthening national information systems to provide disaggregated data to facilitate the monitoring of advances in equity.*
- *Appropriate conduct of human resources*
- *Ensuring that certain interests do not predominate over others. A holistic approach is preferable*

2. What aspects are not addressed or should be included?

- *Capacity building within human resources, financial resources, equipment etc.*

3. What are the main elements for a roadmap for moving towards universal health coverage in the country?

- *Consultation as opposed to presentations to the public*
- *Actually utilizing feedback from consultations to prepare documents*
- *Conducting research*
- *Use of consultancy*
- *Benchmarking for best practice*
- *Strengthening the image of health care provision provided by Government to the populace*

Strategic Line - Questions

a). What importance do you give, in the transformation of the health system towards universal health coverage, to the following topics?

1. Essential public health functions, with emphasis on management and leadership of the health authority

This is very crucial to the delivery of health care. If there is any ambiguity in understanding what is required for universal health care from all the persons involved, this can jeopardize the delivery of the governments' mandate (decision makers), which will eventually pose problems with implementation.

2. Existence of a legal framework, regulatory and competencies of control

This legal framework is an essential aspect and is the foundation which ensures that universal health care is effectively applied. It provides a regulatory framework and competencies of control in the standardization of health care.

3. Institutionality with competencies to design, implement and evaluate plans, policies and strategies for the entire health sector

(i) It is essential for decision making, ensuring quality control and consistency, proper projections and continuity of care, allocation of appropriate financing, and utilizing these funds appropriately for strengthening particular areas within the health sector (through grants, taxation etc.

(ii) It also determined the hiring and allocation of the right skills mix of human resources with the requisite competencies. Effective planning and ongoing evaluation will assist in addressing issues of retention.

4. Ability to generate social participation and accountability

(i) It is critical and essential to ensure buy in on all levels.

5. Have sound and interoperable information systems for decisions in health

(i) That is essential for making informed and life- saving decisions.

b). Which, in your opinion, are the key aspects in your country that should be strengthened in order to improve governance and leadership in the health sector? How would you address it?

- *The legal framework - through proper enforcement, interpretation, accountability measures and revision of outdated legislation.*
- *The integration and synergy among key agencies and sectors - a proper service level agreement between the Ministry of Health and the BVI Health Services.*
- *The inability to use the existing technical expertise -General outreach with information and awareness (eg. on health issues affecting and prevalent in our communities), changes to policies – public needs to be aware and finding avenues to share this with the public*

c). Which, in your opinion, have been the experiences and/or most valuable lessons on governance strengthening and leadership?

- *A greater appreciation and understanding that plans should be developed using empirical data and research and the implementation of proper accountability systems.*

d). How could PAHO technical cooperation provide support in this area?

- Provide leadership training opportunities
- Providing model documentation;
- Sharing of resources that can guide processes for best practice

Group 3

STRATEGIC LINE 3 – INCREASING AND IMPROVING FINANCING, WITHOUT OUT OF POCKET EXPENDITURE, WITH EQUITY AND EFFICIENCY

Petrona Davies, Permanent Secretary, Ministry of Health and Social Development

Roy Barry, Deputy Director, Social Security Board (NHI Division)

Cromwell Smith, Communication Consultant

Guy Hill, Chief Immigration Officer

Lorrily Dawson, Information Officer

Common Questions for all groups:

1. What, in your view, are the most essential points in the document?

- *Changes in financial planning and allocation and the utilization of pooled funds to improve equity and efficiency in health care.*
- *Ensuring that all residents have access to health care.*
- *The targeted use of funds and resources (health promotion) at the primary health care level.*

2. What aspects are not addressed or should be included?

- *Health promotion/ Wellness promotions*
- *Increasing investments in promoting disease prevention*

3. What are the main elements for a roadmap for moving towards universal health coverage in the country?

- *The implementation of the National Health Insurance system.*
- *Increased health care access for the sister islands.*
- *Improved arrangements for emergency evacuation.*
- *Improved quality health care standards.*
- *Addressing cultural and linguistic barriers among the immigrant population*
- *Extending clinic hours.*
- *Expanding the range of clinic services*
- *Enhancing community mental health and other behavioural health services.*
- *Increased reinvestment through medical tourism*

Strategic Line - Questions

a). Discuss the following topics in the draft strategy. What elements should be taken into consideration to address these issues in the Country?

1. Increase in the public financing to health

- *There is no guarantee that direct tax would not specifically go towards health insurance.*
- *There is an assumption that persons will use the National Health Insurance.*

2. Create a collaborative, supportive, unique joint fund to finance the health of individuals and communities (solidarity)

- *The health care spending should be reinvested into the health care system to strengthen health care provision.*
- *Creation of a mechanism for pooling resources to ensure that the population has access to quality health care.*

3 Elimination of any type of direct payment at the point of the service (elimination of economic barriers)

- *At the community clinics there would be no out of pocket cost for Primary health care. It would lessen the burden of Primary Care services on the hospital, so the Hospital will be better able to focus on the delivery of secondary and tertiary care.*
- *In conjunction with the no out-of pocket in Primary Health Care, a low out of pocket expense of 5% should be implemented for secondary care (at the hospital). The rationale for this recommendation is (i) to encourage equitable access to residents of the Territory, (ii) to ensure that money spent on health care remains in the Territory and (iii) to promote the responsible use of health care services.*

4. Improvement of the efficiency and quality of the expenditure.

- *Training, recruitment and retention of quality health practitioners*
- *Building relationships with other institutions to provide care that is not available in the Territory (effective negotiations). This is important for the sustainability of health care provision in the Territory and for the national economy.*
- *Reinvesting more money into preventative measures with regular screenings.*
- *Clinics should be opened for longer periods of time.*
- *Invest more in primary care services where community health workers can reduce the basic minor medical procedures being referred to the hospital.*

b. Which, in your opinion, are the aspects in your country that become obstacles to increase health public financing and eliminate direct payment at the point of service?

- *Lack of solidarity.*
- *Competition for scarce resources from various sectors e.g. infrastructure to support tourism and financial services, education etc..*
- *Lack of information and awareness of the social conditions in the country that affect public policy and impacts on health care financing.*

How would you address it?

- *Build solidarity by making the population aware of the collective benefits to be derived from social investments particularly public health financing for example, lack of access to preventative care, early detection and effective treatments that will result in increased health care cost and loss of productivity which will have a negative economic impact on the entire country.*

c. Which, in your opinion, have been the restrictions in order to achieve more health for money? Where, in your opinion are there more opportunities to improve the efficiency in health systems? What experiences are there in efficiency improvement?

- *The **restrictions** include: the policy of focusing on provision of secondary and tertiary health care and high end technology and the implementation of financial barrier to access health care (for example - charging for clinic visits and services to young children in public facilities).*
- ***Opportunities** - Planning to decide what percentages of financial gain is invested into strengthening the primary health care system over the long term.*
- ***Efficiency Improvements:** Consolidating and modernizing clinics. By centralizing services in Road Town, the staff is used more efficiently and it has reduced more operational costs.*

What would you expect from PAHO technical cooperation?

- *Technical Cooperation in the development of a Primary health care strategy.*
- *Assistance to produce promotional materials for public education.*
- *Institutional capacity building for regulating the health sector and promoting health in all policies.*

Group 4

STRATEGIC LINE 4 – STRENGTHENING INTERSECTORAL ACTION TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH

Dr. Irad Potter, Chief Medical Officer

Ivy George, Health Promotion Coordinator

Annie Malone-Frett, Chief Social Development Officer

Sharon Leonard, Counsellor, Sandy Lane Centre

Prudence Barry Mactavious, Deputy Permanent Secretary, Ministry of Education and Culture

Cid Nava, Chairman, HIV-AIDS Foundation BVI

Common Questions for all groups:

1. What in your view is the most essential pointed out in the document?

- *Establishing intersectional mechanisms to successfully implement public policies that address health determinants.*
- *Generating evidence to support inter-institutional actions*
- *Promoting universal health coverage in all social protection programs.*
- *Empowering people and communities by training leaders, women and other community members to understand health determinants and play an active role in health promotion and protection.*

2. What are the aspects not addressed or should be included.

- *Things to add to 40 & 41: Catalog, determine and formalize the mechanisms that the Territory currently has to address the social determinants*
- *42: To specify or include governmental and non- governmental bodies*
- *Information systems for health should be expanded to document the determinants of things that influence health such as clean water, crops, literacy, employment, access to transportation and modern communication channels etc...*

3. What are the main elements for a roadmap for moving towards universal health coverage in the country?

The main elements for a roadmap are:

- *Primary health care*
- *Integrated health care delivery systems,*
- *Community involvement and awareness*
- *Comprehensive models of care focusing on people's needs*
- *Sustainable health financing*
- *A more appropriate skills mix of human resources to provide better services and minimize costs*
- *Appropriate and timely introduction of technology.*
- *Develop mechanisms for more participative governance.*
- *Health information system to include information on social determinants.*

Strategic Line 4 – Questions

Taking inter-sectoral action to address the social determinants of health

A) What importance do you give to the following topics?

- ***Weakness of the health sector in exercising leadership and acting jointly with other sectors in acknowledging the role of the social determinants and the development of responses.***
 - ***Very important*** but it is already en route as a new committee was created last year which collaborates with all departments that influence the social determinants.

- ***Existence of non-universal social policies, insufficiently financed and with lack of coherence and inter-sectorial coordination.***
 - ***Important*** because the Territory does not have unemployment social insurance coverage in a society where there are a number of seasonal workers
 - *There is inadequate coherence and intersectional coordination in policy formulation, implementation and monitoring and evaluation.*

B) Which in your opinion are the aspects in your country that should be strengthened in order to improve the capacity to act on the social determinants? How would you address it?

- *Collecting and analyzing of data on the social determinants in order to develop policies and programs to decrease the vulnerability of the community to these social determinants. **Solution** - It is addressed to some extent by encouraging Community empowerment.*

C) Which in your opinion have been the experiences and/or key lessons in the area of the effective impact on the social determinants of health?

- *Universal Primary and Secondary Education.*
- *Improved road network since late 1960's.*
- *Mandated rain water catchment in building code.*
- *Social Security programme with pension and maternity benefits.*
- *Provision for housing support for the indigent.*
- *Minimum wage of US\$4 per hour*

D) What would you expect from PAHO technical cooperation?

- *Technical Assistance to strengthen the national information system for health, in order to provide evidence about the social determinants to influence the future establishment of policies, and programs.*
- *Capacity building to include advocacy, and community mobilization.*

SUMMARY/ROAD MAP: British Virgin Islands

Universal health coverage will be addressed in the British virgin Islands by focused action in the following areas

1. Expanding Equitable Access

- This will be achieved by rationalization of district health clinics to reduce the number of units and replacing them with fewer strategically placed and better resourced polyclinics that are able to offer a wide scope of services to the target population

The New facilities will include the New Peebles Hospital facility and a soon to be constructed Polyclinic in Virgin Gorda. Future polyclinics are to be developed on the

Eastern and western ends of Tortola. The Medical Emergency Evacuation services between the sister islands and Peebles Hospital will also be improved.

Other initiatives on the way include Improved Emergency 911, introduction of new categories of staff, and the development of a National Medicines Policy and formulary.

2. Strengthening Stewardship and Governance

The legislative framework is being updated to better regulate health professionals and health facilities in keeping with the National Health Policy – 2010

Other initiatives include the strengthening the Health Information System by implementing the 2013 Health information Policy and strategic plan and completing the implementation of the Health services information system – CELLMA, The Civil registry information system and working with PAHO to implement the Public health surveillance system VIEPI.

3. Increasing and Improving Financing with Equity and Efficiency

National Health Insurance (NHI) has been legislated as a new division of the Social Security Board and the NHI Regulations are being developed. Membership will be open to all legal residents of the BVI. A Standard Benefit Package will cover primary, secondary and tertiary services. Services not available locally will be sourced overseas upon approval by the NHI Medical Review Committee.

4. The Standard Benefit Package

Members will have access to a comprehensive benefit package [primary, secondary and tertiary care, inclusive of pharmaceutical and diagnostic services] with the normal provisions for exclusions, limits and pre-authorization for medically necessary off-island services in cases where local availability of services is limited or non-existent.

5. Inter-sectoral Action

A National Council on Human and Social Development began its work in February 2014. There is also significant collaboration with Ministry Natural Resources & Labour to develop a National Workplace Health Policy and an MOU between the with Ministry of Education & Culture and the Ministry of Health has been cretaed to guide the joint efforts of those two sectors. Other collaborate work with community groups and several Non Profit Organisations and other sectors focusing on specific issues such as HIV and NCDs are also in progress.

Universal Health Coverage is seen as a journey with several milestones being defined in the National Health Plan which is to be completed later this year.