

**UNIVERSAL  
HEALTH COVERAGE  
CONSULTATION REPORT**

**JUNE 18TH 2014**



**MINISTRY OF HEALTH AND SOCIAL SECURITY - GRENADA**

## Report on National Consultation on Universal Health Coverage

The Pan American Health Organization has been mandated to prepare a Strategy for Universal Health coverage that will be presented for consideration by the Directing Council. This mandate has been reflected through the commitment of Member States in the PAHO Strategic Plan 2014-2019, which proposes universal coverage as an articulating pillar together with the social determinants of health.

A national consultation was held in Grenada June 18, 2014 to discuss the proposed strategy with a view to ensure broad participation and dialogue where the voices of the people including the poor and vulnerable are heard in this process, and to promote Grenada's contribution to the problems and obstacles as well as solutions and innovative approaches that will move towards universal health coverage.

### **Objectives of the National Consultation**

Present draft of the document "Strategy for Universal Health Coverage"

- Identify the contributions and specific positions of the national health authority with regard to the four strategic lines proposed for the progress towards universal coverage
- Facilitate the dialogue about approaches and/experiences of countries including civil society organizations, academia and the private sector
- Prepare a country report that identifies suggestions, commitments and contributions to be considered in the strategic document for presentation at the PAHO/WHO Directing Council meeting.

The national consultation was conducted in a face to face meeting of key stakeholders beginning with some brief opening remarks by the Permanent secretary

Introductory power point presentation was delivered by the PAHO Counterpart on key points in the document. Participants were divided into four working groups to discuss the proposed strategic lines to guide the health systems toward universal coverage.

A plenary session was conducted to collect statements, suggestions and recommendations from each working group to compile a report

## Strategy for Universal Health Coverage

Four strategic lines were proposed to guide the transformation of health systems toward universal coverage

1. Expanding equitable access to comprehensive, quality, people and community – centered health services
2. Strengthening stewardship and governance
3. Increasing and improving financing, promoting equity and efficiency, and eliminating out-of-pocket expenditure
4. Strengthening inter-sectoral action to address the social determinants of health

Each working group was given specific questions to answer on a strategic line to transform the health system to facilitate universal coverage. Additionally some common questions were posed to the groups regarding the comprehensiveness of the proposed strategy and what PAHO can do to accelerate the process towards the achievement of universal coverage.

### Group Discussions on specific lines

1. Expanding equitable access to comprehensive, quality, people and community - centered health services

#### *Health Care Models*

The group expressed the views that;

- The Primary Health Care system needs to be strengthened by way of human resource which is critical to ensure universal coverage.
- The full complement of staff must be maintained with the right mix to reflect the needs of the health system. Continuing education should be mandatory for all.
- Confidence in the service and confidentiality among staff are major issues to be addressed.
- The use of private providers to achieve an integrated level of service is essential to achieving universal coverage.

#### *Increase Investment*

- Actual budgetary projection should be used to advise on the amount to be spent on health rather than using the traditional approach to allow budget cuts.
- Greater emphasis should be placed on Primary care with a corresponding shift in spending from secondary to Primary care. Evidence-based research should be conducted to determine the causes of some non- communicable diseases to guide PHC.

Health Promotion must be integral to the primary health care initiatives with targeted program for schools and communities.

- Alternative investment initiatives should also be sought to sustain the health system.

#### *Increased Employment*

- The group agreed that a Health Human Resources Management Policy and Plan should be developed and implemented to include a succession plan, reward recognition/incentive programs, occupational health and safety and security and career advancement to increase workers commitment, responsibility and accountability.

#### *Deployment of Health professionals*

- Deployment of professionals in their various competencies will engender job satisfaction. There should also be a fair and transparent career path for all.

#### *Availability and Rational use Medicines and Health Technologies*

- Promote rational use of medicines and health technologies by encouraging the use of approved generic drugs, bulk purchasing of equipment and supplies and state of the art technologies through Public/private sector partnership.
- Provide incentives to the private sector to encourage the development of state of the art equipment and establish MOUs to govern the purchasing of services from the Private sector at negotiated rates
- Implement Monitoring and Evaluation of services quality to include inventory management and maintenance which would be integral to the successful delivery of health services.

#### *Empowerment*

- Empower individuals through education to make informed decisions and to take responsibility for their own health.
- Introduce Patient's Bill of Rights
- Partner with telecommunication providers to brand and market health programs.
- Collaborate efforts among stakeholders to engender health promotion

#### *Improving Equitable services*

- Upgrade facilities to accommodate the elderly and physically challenged
- Integrate services to improve equity in access and minimize discrimination
- Provide training to enhance customer service

## **2. Strengthening Stewardship and Governance**

The concept of universal health coverage has to be considered a continuing process which has already started, and as such all stakeholders must be kept current with regards to the development and implementation process.

It was suggested that an advisory body representative of all sectors be established to guide the process, and that policies and plans should be developed. Within the policy mechanism incentives should be created for constituents to take responsibility for their personal health care.

Change in prescribing practices from the traditional medication to reflect the transformation of UHC; e.g., a prescription to receive aerobic exercise for a specified period from a trained instructor to be reimbursed by financing institution.

### ***Recommendations***

- No. 35 (reworded) Develop regulation as an effective instrument to include incentives to ensure: . . .
- The regulations should not represent a replacement financing mechanism for health but supplemental to what currently exists. This is incumbent upon reducing wastage and eliminating corruption within the present system
- No. 36 - Allocate appropriate human resource to develop and facilitate a research agenda for priority areas to improve the knowledge and management of the health system under UHC.

### **Improving Governance and Leadership**

- Review and strengthen existing mechanisms, and where necessary develop and implement new ones, in order to improve accountability, transparency, and responsibility.

## **3. Increasing and Improving Financing, Equity & Efficiency, and Eliminating Out of Pocket Expenditure**

- The group acknowledged that Grenada is spending between 6-7% of GDP on the health sector, coming directly from the consolidated fund and not a pool specifically for health sector.
- It was also agreed that there is a need to improve efficiency using existing resources.

### *Pooling of resources*

- A structure must be established to administer the new system, including the legislative framework. This structure will facilitate the collection of funds from specific measures, example: Sin taxes, fees and levies on agencies contributing to health problems; taxes on communication devices; contributions from persons living in the Diaspora and the development of a reciprocal arrangement with countries for payment for health care.
- Examine the potential of Crowd Source funding for specific needs.

### *Elimination of direct payments*

- There is a need for an identification card to monitor utilization of services. The current system caters for fees at the point of service, detailed discussion must be held as to determine a way to modify /develop a system that best suit the needs of Grenada.

### *M&E*

- Monitoring and evaluation of the implementation of UHC will ensure that it is implemented according to plans

## **4. Strengthening Inter-sectoral Action to Address the Social Determinants of Health**

The consensus of the group was that health has taken a leadership to involve other sectors in addressing the social determinants of health but several gaps have been identified:

- Limited stakeholder involvement in policy development, needs greater involvement of the Grassroots in the development of policies
- Policies remaining in draft form or poorly implemented
- Lack of monitoring and evaluation

### *Evidence based decision- making*

- Weak data management

### *Promote UHC in social protection programmes*

- Mechanisms should be put in place to promote UHC in social programs however, monitoring and evaluation must be strengthened to reduce irregularities
- Strengthen links between health and community
- Continue implementation of the PHC and develop trainer of trainer program for community leaders in preventative health

*Barriers to strengthen capacity of the National Health Authority to influence legislation regulation beyond the health sector*

- Unavailability of legal personnel with public health background both at Ministries of Health and Legal Affairs
- Lack of harmonization of laws and regulations with and among Ministries and Departments
- Inconsistency in implementation and delivery of programs

**National Experience**

- *More clients are seen at clinics as a result of the extended hours of service*
- There has been an increase in support for Government's poverty reduction programme
- *Increased availability of specialists services at the community level*
- *Lack of coordinated planning, inadequate monitoring and evaluation and disconnect between central and district entities*
- *Training for persons in health systems issues is critical to planning, procurement, accounting and inventory control*
- Importance of reviewing previous & existing policies and plans to ensure continuity of programmes
- *Collaboration and cooperation with other stakeholder and sharing of experiences facilitates best practices*
- *Improved data collection and reporting structure for other sectors including international organizations are project driven*
- *Under-utilization of trained local resources*

**Common Questions**

In response to the common questions, the groups felt that the proposed strategy is a fairly comprehensive one. However, consideration should be given to addressing the following:

Some of the health services which should be included into the NHI package include:

- *Preventive care, Rehabilitation, Primary care visits, Specialists visits, Accident & Emergency visits, Home health care visits, Out-patient care, In-patients medical/surgical care, Mental health services, Diagnostic services(Labs/ Radiology), Hospital room & board, Prescription drugs*
- *Access to services that are not available locally for needy persons*

- *Compensation to public and private practitioners for services rendered*
- *Inter and intra ministerial collaboration as it relates to services provided by non health providers.*
- *Centers of excellence to address oncology and dialysis as well as hostels and convalescence homes*
- *Inclusion of alternative medical service providers with a view to establishing regulation and setting standards to address quality of service*
- *Implementation schedule for National Health Insurance*
- *During the discussions some challenges were identified in the strategic line under financing;*
- *Confidentiality and security of electronic health information*
- *The position of the Trade Unions and their involvement in the process as workers representative must also be considered*
- *Culture of the people not wanting to pay for public services rendered*
- *Existing fees structure*
- *Current manner in which providers work and receive remuneration in both the public and private sectors*
- *Out sourcing of services*
- *Finding a way to encourage Grenadians in the Diaspora to provide services in their areas of expertise*

#### **How can PAHO help to facilitate the process towards UHC**

As a strategic partner and key stakeholder, PAHO can help to facilitate the process towards UHC in many ways viz:

- Providing technical and financial support through training and capacity building in areas such as Inventory management, Health Management Information System, Monitoring and Evaluation etc
- Support in policy development and legislative framework to facilitate the process towards the implementation of a National Health Insurance
- Review and update existing legislations and develop new ones to strengthen the legislative framework
- Development of a communication strategy for UHC
- Strengthening Health Management information System
- Development of longer term strategic plans 10-15 years
- Strengthen policy development with regard to professionals practicing provides complementary and alternative medicine.



## Road Map

- In order to achieve universal coverage a number of elements have been identified as critical to the success of the process:
- The Political will and commitment of Government
- Establishment of an overarching national health sector policy
- Establishment of the legislative and administrative framework for the implementation of NHI
- Development of a communication strategy to increase public education and awareness
- Hold public consultation with involvement of persons at the “grass root” level
- Development of the Health management information system
- Costing of services both primary, secondary and tertiary
- Upgrading of the Health infrastructure

During the consultation participants were very passionate about the fact that Government focused on national health insurance without adequate consultation from the grass root level. There is need for clarity on Universal Health Coverage versus National Health Insurance which is one model of Health financing. The participants strongly suggested that the term “health financing” should be changed to “health investment” so that it can be recognized as a revenue earner rather than a burden of expenditure on Government.

Coming out of this discussion participants felt that the package of services must be defined. The question was asked: who will be covered and what will be the cost of the defined package of services to be provided. After these issues are clarified and a premium is set then the public will determine whether or not that premium is affordable.

Participants concluded that Universal Health Coverage is a process which has started in Grenada and stakeholders must be kept abreast of the activities taking place. However, the questions were raised as to whether the population is happy with the stewardship and governance of the Ministry of Health and should the Ministry of Health continue to be provider of health services as opposed to taking on the role of regulator, designer and enforcer of policies and plans for standard quality services.

There should be a systematic and programmed assessment (stakeholder consultation) on the health system with NGOs, Service Clubs, Conference of Churches etc, at least once a year to ascertain the current as well as the future of the health situation. This systematic assessment should not be conducted in a reactionary but proactive and visionary manner.

In looking at UHC and the proposed financial mechanism for National Health Insurance (NHI), legislative and administrative structures must be reviewed and modified accordingly to

facilitate the process. A SWOT analysis of the health sector should be conducted to determine the strengths and weakness and to focus on the opportunities and threats for sustainability. Additionally, there must be a new dialogue to look at cost, coverage and quality of services provided.

### Conclusion

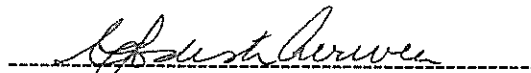
There was general consensus among participants on the issue of Universal Health Coverage. However, the national dialogue has to be broadened to include additional stakeholders and particularly due to the lack of clarification on several issues surrounding UHC viz. a viz. National Health Insurance.

Report endorsed by

The Honourable Dr. Clarice Modeste- Curwen

Minister for Health and Social Security

this 18<sup>th</sup> Day of July, 2014.



Dr. Clarice Modeste- Curwen