STRATEGY FOR
UNIVERSAL HEALTH COVERAGE

DRAFT REPORT
NATIONAL CONSULTATION

4 July 2014
Georgetown, Guyana

Pan American Health Organization

World Health Organization
Regional Office for the Americas

Table of Contents

List of Acronyms

CEDAW	Convention on the Elimination of Discrimination against Women
CMO	Chief Medical Officer
CRC	Convention on the Rights of the Child
DCMO	Deputy Chief Medical Officer
DMH	Davis Memorial Hospital
GPHC	Guyana Public Hospital Corporation
HFA	Health for All
IHSDNs	Integrated Health Services Delivery Networks
MDGs	Millenium Development Goals
MINTIC	Ministry of Tourism, Industry and Commerce
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoL	Ministry of Labour
MoLHS&SS	Ministry of Labour, Human Services and Social Security
NHA	National Health Accounting
NIS	National Insurance Scheme
PAHO	Pan American Health Organization
PASB	Pan American Sanitary Bureau
PPGHS	Package of Publicly Guaranteed Health Services
PWR	PAHO/WHO Representative
SARA	Service Availability and Readiness Assessment
UHC	Universal Health Coverage
UNAIDS	United Nations Joint Programme on AIDS
UNICEF	United Nations Children Fund
WHO	World Health Organization

Background

The Pan American Sanitary Bureau (PASB) has been mandated to prepare a Strategy for Universal Health Coverage that will be presented for consideration during the next Directing Council in October 2014. This mandate is an integral part of the PAHO Strategic Plan 2014-2019, which proposes universal health coverage as the main pillar in reinforcing the need to implement policies and interventions with an intersectoral approach that takes into consideration the social determinants of health. It is within this context that PASB is supporting national health authorities in hosting national consultations on the proposed strategy with a view to ensuring the contribution of the Member States in the process of finalizing the strategy. This broad-based dialogue within countries, under the leadership of the national health authorities, is seen as essential in ensuring that the strategy responds to the needs of the respective countries.

To provide a basis and to serve as a reference during the national consultations, the PASB prepared a draft of the strategy document, coordinated by the Department of Health Systems and Services and an inter-programmatic group of professionals of the different departments and levels of the organization. This document which was presented to the Executive Committee in June 2014, focuses on four strategic lines:

- **Expanding equitable access to comprehensive, quality, people and community-centered health services**
- **Strengthening stewardship and governance**
- **Increasing and improving financing, without out-of-pocket expenditures, with equity and efficiency**
- **Taking intersectoral action to act on the social determinants of health**

The objectives of the national consultations are to:

- Present the draft of the document "Strategy for Universal Health Coverage"
- Identify the contributions and specific positions of the national health authorities with regard to the four strategic lines proposed for progress toward universal health coverage
- Collect approaches and/or experiences of the countries, including civil society organizations, academia, and the private sector
- Have a report per country that identifies suggestions, comments and contributions to be considered in the strategy that will be presented to the PAHO/WHO Directing Council

On 4 July 2014, the Ministry of Health of Guyana held its national consultation on the Strategy for Universal Health Coverage. This consultation was held with the support of the PAHO Representation in Guyana. As a first step, the PAHO/WHO Representative presented the road map to the Minister of Health, the objectives of the consultation and the suggested methodology for hosting the event. The Ministry of Health appointed a focal point to liaise with the PAHO representation in coming up with a tentative list of participants and an agenda and discussion guide that were appropriate to the context of Guyana. To facilitate the discussions during the consultation, the draft strategy document and the discussion guide were circulated among the participants ahead of the meeting.

The consultation was attended by a wide cross-section of representatives from government ministries, private and public hospitals, national insurance scheme, donor agencies, and the University of Guyana (see **Appendix 2**). During the opening ceremony, a video presentation on Universal Health Coverage by Dr. Carissa Etienne, Director of PAHO was shown and brief remarks delivered by the Hon. Minister of Health of Guyana and the PAHO/WHO Representative. This was followed by presentations on:1) The Path Toward UHC Opportunities and Challenges to Advance in Universal Health Coverage by PWR – GUY and 2) Guyana's Progress Towards Implementation of Universal Health Coverage by the Director of Regional Health Services at the MoH.

Discussions and exchanges took place during the consultation in which participants were divided into four groups based on their individual expertise and areas of work. Each group was assigned one of the strategic lines of the draft strategy to discuss and to later report on in plenary for further debating. In addition to these strategic lines, each group was also tasked with addressing the following two questions:

- **What, in your view, is the most essential pointed out in the document?**
- **What aspects are not addressed or should be included?**

The foregoing report captures the contributions of the group members with regard to the four strategic lines proposed for progress toward universal health coverage. In particular, the group reports included experiences that are specific to the Guyana context. The report also captures the key conclusions of the consultation.

Opening Ceremony

Video Presentation – Universal Health Coverage

Dr. Carissa Etienne, Director, PAHO in her video presentation on "Universal Health Coverage" (UHC), welcomed the participants to the national consultation on behalf of PAHO. She informed that the draft strategy on UHC that was being reviewed at this consultation, will be further discussed at the PAHO Directing Council meeting to be held in September 2014. UHC she advised, means that all peoples and communities have equitable access to guaranteed health services without financial hardships. While there have been some achievements in health in the region of the Americas, this region remains one of the most inequitable, with many of its people not having access to quality health care. There has been public demand for aspects of UHC in these member states and it is the responsibility of every government to provide this. To signal their commitment, the PAHO member states have requested PAHO to prepare a strategy for UHC based on a participatory process. A draft had since been prepared and it was this draft that was being presented today to be discussed by those present.

Dr. Etienne advised that PAHO was facilitating today's consultation in order to hear the voices of the people of the Americas. She encouraged the participants to consider not only the problems and obstacles towards UHC but also the solutions and innovative approaches towards

UHC during their deliberations. She reflected on PAHO's support in working with member states and reiterated the need for their cooperation and collaboration in improving the health of their peoples. Dr. Etienne thanked the participants for their involvement and commitment to the UHC process and concluded with the statement "*Health for every man, woman and child must be guaranteed in our society*".

Remarks by PAHO/WHO Representative

Dr. William Adu-Krow, PAHO/WHO Representative commenced by providing a background to the development of the current agenda for UHC. He reflected on the previous efforts of member countries to achieve this through various other strategies. Among these were the Alma Ata Declaration on Health for All (HFA), the Primary Health Care Concept Renewal, Public Health Reform, Rio Plus 20, and the Millennium Development Goals (MDGs). He noted that today, fourteen years after the Alma Ata Declaration, there is still no health for all. UHC has now been placed on the 2015 post MDG agenda as part of the Sustainable Development Goals (SDGs) since health remains very much a developmental issue. The strategy on UHC that is currently being developed with the involvement of member countries will enable them to define their policies and to measure progress being made in achieving UHC. The purpose of the country consultations was to allow a broad-based discussion on the draft strategy, the results of which will feed into the finalized strategy. Dr. Adu-Krow wished the participants a fruitful discussion and closed with a quotation from the PAHO Director:

"Each country needs to find its own way to UHC based on its own particular historic, social, and economic context, promoting a large social dialogue"

Remarks by Hon. Minister of Health

Hon. Dr. Bheri Ramsaran, Minister of Health began by quoting a statement made by Dr. Margaret Chan, Director General, WHO:

"UHC is the most powerful unifying single concept that public health has to offer, because you can realize the dream and the aspiration of health for every person irrespective of what class you belong to, whether you are a woman, or whether you are poor"

To achieve UHC, the Minister noted that there needs to be a strengthened system for financing health care and a well run health system. The question was how could Guyana recalibrate to achieve UHC? The Minister advised that there had been a massive growth in the national health care budget over the years but the question was whether this investment had had any impact. The question was also whether the resources are being managed properly. While there have been some individual achievements, any collective achievements in health was still doubtful. The Minister expressed concern that even though there was an increase in training programmes, a greater number of doctors and nurses, and increased expenditure on drugs, there continues to be a national outcry about shortages existing. He noted that while Guyana has the ingredients for UHC, the end product is still not being achieved. The question was thus - what is not being done properly? The Minister further expressed the view that the proper management of human resources could be among the contributing factors.

The Minister reiterated that for the post 2015 agenda to be successful, health must feature prominently. He urged the participants to be brutal in their analysis of the deficiencies in the operation of the health care system in Guyana and to come up with ideas for sustainable systems and improved leadership.

Presentation - Strategy for Universal Health Coverage

Dr. William Adu-Krow delivered a presentation titled ”The Path Toward Universal Health Coverage – Opportunities and Challenges to Advance in Universal Health Coverage” (see **Appendix 3** for complete presentation).

In his presentation, Dr. Adu-Krow defined UHC and elaborated on the four key messages of Global Health 2035. He provided the general context of UHC and the five components for achieving this. He spoke about progressive universalism and the need for a systemic approach to planning. Dr. Adu-Krow further reflected on the Guyana constitution regarding the right of every citizen to health care and elaborated on the two pillars of Guyana’s strategic plan - Health Vision 2020. He gave an overview of the increasing health care expenditure in Guyana over the years and also posed the question as to whether the resources are being put in the right place. Dr. Adu-Krow also identified the challenges to Guyana’s health care system and the need to solve these over time.

Presentation - Guyana’s Progress Towards Implementation of Universal Health Coverage

Dr. Monica Odwin-Sagala, Director, Regional Health Services delivered a presentation on “Guyana’s Progress Towards Implementation of Universal Health Coverage” (see **Appendix 4** for complete presentation).

Dr. Odwin-Sagala commenced her presentation by referring to the definition of UHC as articulated by Dr. Margaret Chan, WHO Director General. She provided an update on progress made in Guyana to date with regard to the required activities under the four strategic lines for achieving UHC and elaborated on: the Package of Publicly Guaranteed Health Services (PPGHS)); the Service Availability and Readiness Assessment (SARA); and the Integrated Health Services Delivery Networks (IHSDNs). Dr. Odwin-Sagala concluded her presentation with a quote from Dr. Etienne, PAHO Director, on UHC.

Presentation of Methodology and Questions

Dr. Morris Edwards, Director Communicable Disease/Acting Chief Medical Officer, delivered a presentation on the methodology to be followed and the distribution of questions for the group discussions (see **Appendix 5**for presentation)

General Discussion

General comments from the audience with regard to the presentations were as follows:

- The Alma Ata goal was not fully achieved, what is the likelihood of the UHC goals now being achieved? Dr. Adu-Krow responded that while HFA by the year 2000 was not fully achieved, the setting of the goals allowed for galvanizing the member governments into action, as did all of the subsequent agendas to the Alma Ata Declaration. This has resulted in incremental achievements over the years. Dr. Adu-Krow further added that the UHC agenda looks at the health care requirements of the population as a whole and not just the specialized and high cost requirements of a few individuals
- While health care financing has been increasing in Guyana, one needs to examine whether the demands for health care are also increasing – perfect health will never be achieved if the demands outstrip the finances
- Health care spending needs to be prioritised and not be based on spending large amounts on a few individuals. The poor population is growing globally and despite the various health care declarations, comprehensive health care does not always reach the poor
- There has to be multi-sectoral collaboration among government ministries and all of the other relevant stakeholders in order to achieve UHC

Working Groups' Reports

The participants were divided into groups based on their respective specialties and requested to address the strategic line assigned to that group (see **Appendix 5**). In addition, each group was required to address the following two general questions:

- In the group's view, what is the most essential point in the document?
- What aspects have been excluded and therefore should be included?

The group reports were presented and discussed in plenary. Following is a summary of the group reports in addition to the contributions from the general audience:

<u>General Questions</u>

In the group's view, what is the most essential point in the document?

The most essential point in the document is the need to improve efficiency in health care financing. Also very essential in the document is the need to achieve efficiency in the organization of the health care system and services. The emphasis on universal care at the primary care level is also very important.

What aspects have been excluded and therefore should be included?

- The strategy should include a gap analysis to assess what is the current status with regard to the provision of UHC
- Various UN and other conventions/charters were mentioned only very generally in the strategy and these need to be elaborated upon further. These include:

- The Convention on the Rights of the Child (CRC). For example, aspects on the right to survival, baby friendly hospitals, etc. need to be elaborated upon in the strategy
- Convention on the Elimination of Discrimination against Women (CEDAW). There needs to be more focus in the strategy on the specific aspects of the Convention
- Ottawa Charter for Health Promotion (the five pillars)
- Caribbean Charter for Health Promotion (6 pillars)

Group Questions

Group 1:Expanding access to comprehensive, quality, people and community centered health services

a) To advance UHC, the followed were identified in order of their priority:

- A model of care that is structured along the lines of integration of health services networks
- To facilitate the above, there needs to be: competent, adequate, and well distributed human resources; availability of essential medicines and other technologies and; the existence of explicit and universally guaranteed package of services/benefits
- All of the above will in turn lead to a primary level of universal care with broad coverage and adequate response capacity

b) Aspects in Guyana that should be promoted in order to expand equal and effective access to quality services, particularly for groups in situations of vulnerability? How to address this?

- The Patient Charter needs to be promoted
- There should be strategic Human Resource Management to include the following:
  - The provision of competent staffing
  - Adherence to the entry requirements of training institutions – these should not be waived to suit individual situations
  - Ongoing training throughout the employment period. This can act as a motivational factor for quality output, commitment to service, as well as contribute to high retention rates within the sector. This should include capacity building opportunities to develop existing knowledge and skills, as well as opportunities for learning new skills. There should also be training opportunities in related fields and employment positions so as to allow scope for upward mobility in the sector
- There needs to be a good employment package that would serve to retain staff
- There should be ongoing monitoring and evaluation of service delivery. Reports from the health care providers within communities, may not always be reliable or comprehensive. External data sources/collection methods are needed in order to provide a realistic picture of community health needs

c) Valuable experiences and lessons learnt in improving access to care

- The recognition that community education is important for: promoting the importance of health services; determining an effective approach to reaching and sensitizing people;

commencing programmes from early childhood (nursery, primary levels) so as to integrate messages into the curriculum; and developing an in-school health education strategy
- The need for community engagement
- Enforcement of legislation to address violations
- The need for mobile outreaches in providing access to health care given the geography of Guyana and the challenges experienced by the population in far-flung areas in reaching health care facilities
- Synergies achieved through collaboration among agencies, ministries, organizations and institutions are important and integral to effective service delivery. For example, the TB unit could team up with the malaria unit when it conducts outreaches – a piggyback approach could be very fruitful. In addition to this intra-Ministry collaboration, inter-Ministry collaboration could also be very effective
- Point of Care for the elderly, for example, creating a distribution center for pension at health centers. This combines access to health services with other services in yielding increased benefits
- Programmes to improve mental health are essential. In Guyana, draft legislation on mental health is currently under review. Included in this legislation are revised procedures with regard to the process for committing a severely mentally ill person to institutional care

d) Areas in which PAHO could provide support to Guyana in achieving access to health services

- Provision of training and capacity building to deliver services
- Support in the implementation of health care programme and monitoring
- Provision of technical expertise for technical cooperation.
- Sharing of successful models/best practices from countries that are similar to Guyana

Group 2: Strengthening stewardship and governance

a) Essential public health functions, with emphasis on management and leadership of the health authority

The Ministry of Health should:

- Continue to establish regional health authorities and do so in a timely manner
- Put systems in place to hold health care personnel/managers accountable for the performance of functions within established timelines
- Determine how the regional officials could be more effective and how best to cluster them to ensure their effectiveness
- Ensure that MoH functionaries are familiar with the various legal frameworks pertaining to health care
- Ensure that decisions taken are properly evaluated so as to better inform future decisions
- Have a central location for all information on the health care system that is accessible to the relevant persons who require this information for decision making

b) Existence of a legal regulatory and competencies framework,

- Guyana's legislation on many issues are outdated, they need to be updated to be in sync with the new reality
- The MoH Act of 2005 needs to be amended to deal with the current realities as follows:
  - Allow for a Deputy Chief Medical Officer (DCMO)
  - If both the Chief Medical Officer (CMO) and the DCMO are unavailable, the Minister by order, can appoint a person to cover for them for a specific period
- Guyana's health care strategy – Vision 2020, needs to have definitive timelines and there should be an operational plan with monitoring and evaluation systems in place

c) Institutional capacity to design, implement and evaluate plans, policies, and strategies for the entire health sector

- The MoH Guyana needs a human resource department to develop human resources strategies, human resources development programmes etc. The current personnel department is not equipped to perform these functions
- A department of registry/library is needed to house documents pertaining to the health care system
- The MoH needs to conduct a survey to identify why the hospitals/health centres outside of Georgetown are not being fully utilized and why the patients in the surrounding communities bypass them to seek services at Georgetown Public Hospital Corporation

d) Ability to generate social participation and accountability

- The health care system in Guyana needs to develop a strategy for communication and public relations. This would assist in selling their product and thus better inform the populace about the health services available

e) Have sound and interoperable information systems for decisions in health

- Technology needs to be used to enhance the health information system in Guyana

f) PAHO technical cooperation required in this area

- PAHO could assist in developing technical guidelines to conduct surveys aimed at capturing information from the users of the health care system. Such surveys could, for example, be client satisfaction surveys.

Group 3: Increasing and improving financing, without out-of-pocket expenditures, with equity and efficiency

a) The importance of increasing public financing for health, joint funds (solidarity), elimination of direct payments at the point of service, and improvement of the efficiency and quality of expenditure

- An evidence- based gap analysis with regard to the availability of finances for health is essential
- There should be joint funding and a reduction in vertical funding, with more emphasis placed on adopting a pooled funding system that could foster system strengthening
- Collaboration and coordination is needed from among every member of the multidisciplinary team that makes up the health care system – from the clinical staff to the economists, to the finance team. Cost savings can be achieved through this collaboration so that resources could be properly employed in achieving results
- Reduction of wastage of both financial and human resources

b) Which, in your view, are the aspects in your country that become obstacles to increasing public financing for health and eliminating direct payment at the point of service? How would you address it?

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? What would you expect from PAHO technical cooperation?

- In order to improve efficiency, there has to be:
  - The matching of jobs with the right skills
  - Proper time management in optimizing the use of human resources. Systems to ensure accountability, the monitoring of health facilities by senior officers and the conducting of functional audits
  - Delivery of good customer service and responding to the needs of clients – whether perceived or real. Attention given to cultural sensitivities that exist within the different communities of a country, operating within ethical boundaries and respecting the need for confidentiality and privacy of patient information. Better management of the patient's time through e.g. the issuing of appointment times, etc., in improving customer service
  - Adequate procurement practices and the strengthening of warehouse management through outsourcing. An up to date Essential Drugs List and the rationalization of drug use
  - Proper management of logistics
  - Better use of data to support evidence-based decision making, for example in budget preparation. Objective research regarding prevailing disease patterns so as to better inform decision-making
  - Greater monitoring and evaluation of programmes/services and follow up on the resulting recommendations. Such evaluation is necessary to facilitate proper planning

- Integrated management of illnesses, including childhood illnesses
- Greater communication and sharing of information between health facilities with regard to the referral of patients for services. Increased networking and innovativeness in order to achieve greater synergies
- Ongoing improvement in the quality of health care services provided while continuing to provide these services free of charge

- PAHO's continued technical support is needed for example in the System of National Health Accounting (NHA), the Package of Publicly Guaranteed Health Services (PPGHS), the Service Availability Readiness Assessment and the development of guidelines with regard to the rationalization of drug use

Group 4: Taking intersectoral action to act on the social determinants of health

a) Weakness of the health sector to exercise leadership and act jointly with other sectors in the social determinants of health

- Poor communication between the MoH and other ministries and sectors
- Failure of the MoH and the other health entities at the other levels to assess the public health issue in a holistic manner so as to understand influencing and impacting factors and hence the supportive role that the other ministries and agencies can play. There is a need to adapt the charter for health promotion
- Competing priorities and the tendency to focus on individual agendas within specific sectors
- MoH has not embraced the new public health approach for health promotion in which intersectoral collaboration is one of the underlying principles
- Weak information and surveillance systems. These systems can provide valuable information on essential policies and other agencies can be included to support the process. Patients should be able to understand the information that they are provided with
- Reluctance to include other members of the interdisciplinary team that are needed to provide comprehensive services within the Primary Health Care setting. This requires leadership from the MoH and collaboration with other agencies for the effective provision of the services that require their involvement e.g. addressing gender-based violence, sanitation issues, non-communicable diseases, etc.
- Reorientation of the primary health care services so that they work for individuals at the community level – moving away from the biomedical model to a participatory one
- A better intersectoral approach in providing prison health care, especially in dealing with mental health issues

b) Existence of non-universal social policies, insufficiently financed and with lack of coherence and intersectoral coordination

- This is of high importance since it is essential to have universal social policies, sufficiently financed, coherent and with the required level of inter-sectoral coordination in order to achieved the desired health outcomes

c) *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?*

- Making available the necessary finances
- Improvement in the infrastructure - the roads, buildings, etc.
- Availability of skilled human resources and equitable and timely distribution of these resources
- Adequate remuneration for skilled human resources
- Training opportunities to ensure the provision of skills in the required areas – especially in areas of short supply. In Guyana these are physiotherapists, anesthetists, nutritionists, dieticians, and health promotion specialists
- More men-friendly health care facilities and health promotion programmes targeting men e.g. prostate/colon cancer. Adjustment of the opening hours of health care facilities to accommodate working men's schedules

d) *Which, in your opinion, have been the experiences and/or key lessons with regard to effective impact on the social determinants of health?*

- In Guyana, effective programmes include: HIV prevention and control; vision screening of school children and; the national immunization programme

e) *What would you expect from PAHO technical cooperation?*

- Technical cooperation for coordination of specific programmes such as strengthening of mental health
- Support in advancing education aimed at capacity building for health professionals

Conclusions

Dr. William Adu-Krow summarized some of the key points raised during the consultation as follows:

- There is a need to retool the health services e.g. the clinics at the periphery that are not functioning well. Such retooling can make a difference. Better customer service including proper management of the patient's time, should be an essential part of this retooling
- It is important to know how to identify the difference between perceived needs of a patient versus their real needs
- To maximize the use of institutional revenue, it is necessary to weed out non performing workers
- To improve the health of a nation requires the efficient use of available resources – it is not a matter of how a rich a country is but how well it uses its resources
- PAHO is only one of the many players working towards the goal of achieving UHC. The realization of this goal will require a multi-stakeholder approach
- Countries will need to adapt the draft strategy for universal health care to suit their specific country situations

ANNEXES

Annex 1: Agenda for Consultation

08:30 - 09:00	Registration
9:00 - 09:30	Opening Ceremony · Video Presentation – **Universal Health Coverage** Dr. Carissa Etienne, Director, PAHO · Brief Remarks Dr. William Adu-Krow, PWR, GUY · Brief Remarks Hon. Dr. Bheri Ramsaran, Minister of Health
09.30 - 10.00	Presentation - **Strategy for Universal Health Coverage** - Dr. William Adu-Krow
10.00 -10.30	Presentation - **Guyana's Progress Towards the Implementation of UHC** - Dr. Monica Odwin, Director Regional Health Services
10.30- 10.45	**B R E A K**
10.45 -11.00	**Presentation of Methodology and Questions** - Dr. Morris Edwards, Director Communicable Disease/Acting CMO
11:00 - 12:00	Working Groups
12.00 -13:00	**L U N C H**
13.00 -14.00	Working Groups continued
14:00 - 15:00	Group Reporting and Plenary Session
15.00 - 15:30	Conclusions

Annex 2: List of Participants

Name	Designation	Organization
1 Colette Bryan	Chief FinancialOfficer	Davis Memorial Hospital
2 Michael Khan	Chief ExecutiveOfficer	Georgetown Public Hospital Cooperation
3 Andrea Phillips	Field Officer	Guyana Red Cross Society
4 RenukaAnandjit	Programme Director	Guyana Responsible Parenthood Association
5 Jude Da Silva	ProgrammeCoordinator	Ministry of Amerindian Affairs
6 Andrea Hall	Social Worker	Ministry of Culture, Youth and Sport
7 JanelleSweatnam	HIV/AIDS Focal Point	Ministry of Education
8 Dionne Browne	Health Promotion Coordinator	Ministry of Education
9 Cecilia Caio	EFA2	Ministry of Finance
10 Gerron Parker	EFA1	Ministry of Finance
11 Leslie Cadogan	Permanent Secretary	Ministry of Health
12 Malkia Idal	EPMA 1	Ministry of Health
13 Trevor Thomas	DeputyPermanentSecretary	Ministry of Health
14 Morris Edwards	Chief Medical Officer (ag)	Ministry of Health
15 Taramattie Barker	ChiefNursingOfficer	Ministry of Health
16 Curtis Charles	Economist	Ministry of Health
17 Ganesh Tatkan	Economist	Ministry of Health
18 Joel Isaacs	Economist	Ministry of Health
19 RovinSukhraj	HealthEconomist	Ministry of Health
20 Bheri Ramsaran	Minister	Ministry of Health

Name	Designation	Organization
21 Monica Odwin	Director of Regional Health Services	Ministry of Health
22 Joseph Hamilton	Parliamentary Secretary	Ministry of Health
23 Julian Amsterdam	Director	Ministry of Health
24 ColletteClementson	Health Information SystemsAnalyst	Ministry of Health
Nigel Langhorne	Regional Health Officer, Region 1	Ministry of Health
25 Shameer Ali	PDS	Ministry of Health
26 Janice Woolford	Director, Maternal and Child Health	Ministry of Health
27 Karen Yaw	Director of Planning	Ministry of Health
28 Derryann Edinboro	Administrator	Ministry of Health (Rehab.)
Roopesh Chandrika	General Medical Officer	Ministry of Home Affairs
29 Saudia Jabar	Labour, OSH Officer	Ministry of Labour
30 KushanaArcher	CAD Officer	Ministry of Tourism, Industry and Commerce
31 Lydia Greene	Assist. Chief Labor OSH	MOLHS&SS
32 Nazim Hussain	Trainer	National AIDS Programme Secretariat
33 Anwar Hussain	Medical Advisor	National Insurance Scheme
34 Dorin Washington	Coordinator	NCERD
35 Mariano Bonet	Consultant Epidemiologist	PAHO
36 William Adu-Krow	PAHO/WHO Representative	PAHO
Rosalinda Hernandez	Advisor FCA/HIV	PAHO
37 Malhi Cho	Advisor	PAHO
38 Melanie Thomas	PAHO-CIDA Programme Coordinator	PAHO

Name	Designation	Organization
39 Prithi Singh	Programme Assistant	PAHO
40 Karen Roberts	Consultant, NCDS	PAHO
41 Angela Hoyte	DocumentationAssistant	PAHO
42 Yaye Diallo	Strategic Information Advisor	UNAIDS
43 Patrice La Fleur	Assistant Representative	UNFPA
44 Cornelly Mc Almont	Child Survival Development Officer	UNICEF
45 Paloma Mohammed	Dean, Faculty of Social Sciences	University of Guyana
46 Mena Carto	Rapporteur	Private

Annex 3: Presentation - Strategy for Universal Health Coverage

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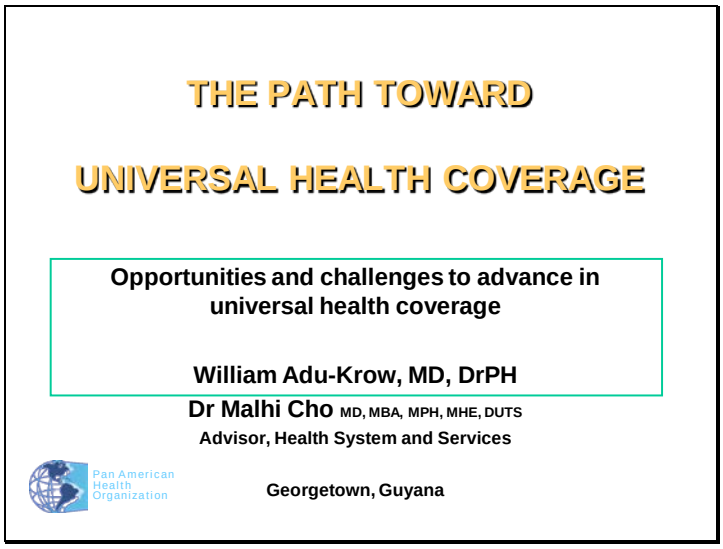
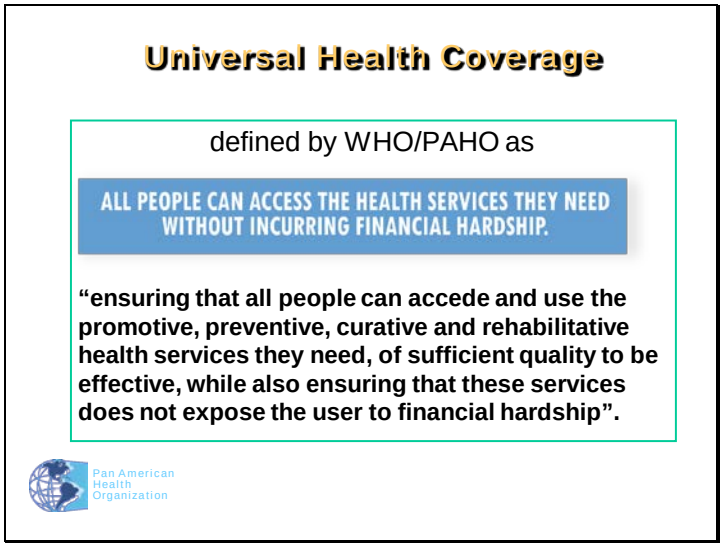




Global Health 2035: 4 Key Messages

Pan American Health Organization

Progressive universalism:

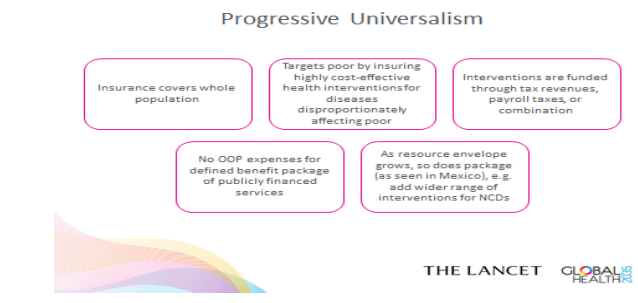
"a determination to include people who are poor from the beginning" (Gwatkin & Ergo)

Gro Brundtland's new universalism:

"if services are to be provided for all, then not all services can be provided. The most cost-effective services should be provided first."

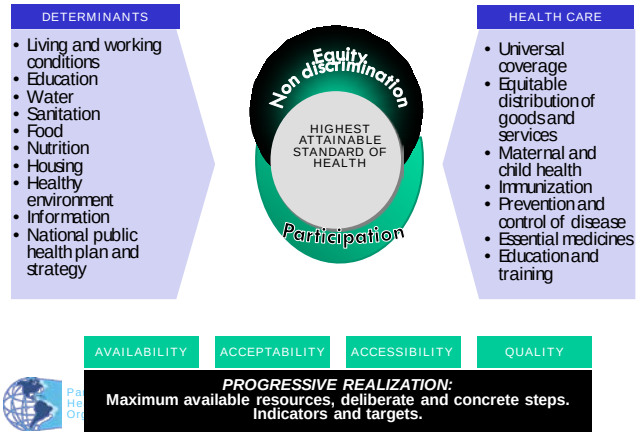
Pan American Health Organization

Progressive Universalism



Pan American Health Organization

The right to health embeds SDH



General context of UHC

UN General Assembly resolution on UHC in December 2012, underlines how UHC is becoming a key global health objective

UHC becomes a unifying central health goal in the post-2015 Millennium Development Goal framework

Pan American Health Organization

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UHC

To achieve sustainable UHC, health systems need to deliver and measure progress on the inter-related components:

1. **access to coverage for needed health services (promotion, prevention, treatment, rehabilitation, palliative care)**
2. **access to coverage with financial risk protection**
3. **access to coverage for the population in need**
4. **quality, efficiency and effectiveness of services provided**
5. **human resources**

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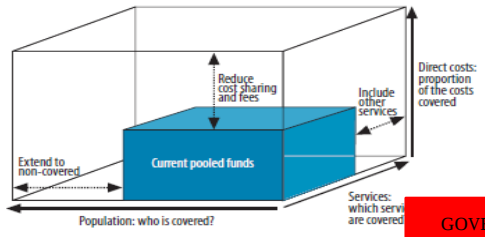
Who? = population covered
Which services?= services provided
How much is covered?= health financing

Fig. 1.2. **Three dimensions to consider when moving towards universal coverage**



GOVERNANCE
SUSTAINABILITY
QUALITY
HUMAN RESOURCES

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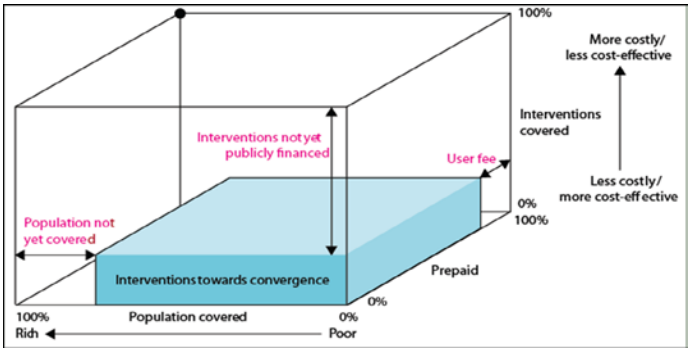

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UHC process

- **Governance**, legislation, regulation and policies
- How health **financing** systems is currently functioning?
- How is the availability and readiness of health **services**?
- How is the human **resources** resolution capacity and the quality of health services provided?
- How is the **model of health care**. Is it based on PHC and IHSDN?
- **Monitor and evaluate** progress and revise policies and strategies as necessary for improvements

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SYSTEMIC APPROACH TO PLANNING

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GUYANA
NATIONAL CONSTITUTION

CHAPTER II

PRINCIPLES AND BASES OF THE POLITICAL, ECONOMIC AND SOCIAL SYSTEM

24. Every citizen has the right to free medical attention and also to social care in case of old age and disability

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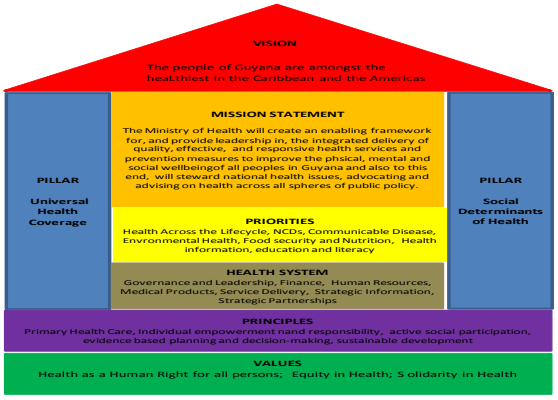
Health Vision 2020:



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1.18Sustainable Financing.

A significant reform program that is occupying the attention of the Ministry of Health and the Government of Guyana is the attempt to establish a *sustainable mechanism for financing and allocating resources* within the health sector while maintaining equity.

1.19 Basic Set of Health Services.

The public sector will not be able to meet all demands for health care. Governments around the world have sought to find ways of limiting their obligations, yet meeting the requirement of equity for their population. This is consistent with the need to develop a sustainable financial v base for the health sector. One method to limit expectations for health provisions from the public sector is to define a publicly guaranteed portfolio of health care services *(the basic health package).* The' HSR program envisaged by the MOH includes consideration of a basic health care package for Guyana.

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1.20 Focusing on Primary Healthcare:

Primary Healthcare (PHC) programs are the most cost effective investment in the Health Sector, i.e. they provide the most outcome impact from each dollar invested in the sector. The HSR seeks to emphasize PHC. With a focus on PHC and a commitment to make PHC the cornerstone for v achieving "Health for All", the HSR seeks to direct a greater allocation towards PHC. The PHC program will focus on Health Promotion as pronounced in the WHO Ottawa Charter of 1986.

1.22 Quality Health Services:

A major objective of health sector reform in Guyana is to create a quality health care service for Guyanese. The HSR includes provision to establish a Patient's Charter (patient's Rights) and Health Quality Council. The quality component of the HSR includes establishing mechanisms for quality and performance improvement and measurement.

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1.23 Effective Referral System:

The reformed health system will depend greatly on an efficient referral system. The new referral system will seek to remove the difficulties that now contribute to breeches of the system. It will identify penalties for breaching the system for both providers and patients. The system will also present incentives for both users and providers to effectively use the referral system.

1.24 HIS (Health Information System) is a resource that cannot be ignored in a modem health care system. Health is an information intensive sector. Information is the sector's lifeblood, necessary for delivering treatment and care, providing sound management and ensuring accountability. Data from communities and from institution must inform policies and actions taken. For example, health policies must be dictated by needs assessment However, acquired data must not be limited to health status or disease profiles etc. The data must include economic, financial, social and management information. This is a major weakness of the public health sector in V Guyana. The HSR intends to establish an efficient HIS system for the Guyanese public health sector.

Total Health Expenditure in Guyana

1.1 Total Health Expenditure

From 2008 to 2012, the level of Total Health Expenditure (THE) increased from G$23.5 billion to $26.8 billion as shown in Table 4, and remained between 5% and 7% of GDP.

Table 4: Total Health Expenditure

Thousands of GYD

Sources	2008	2009	2010	2011	2012
Public Health Expenditure	12,636,950	14,676,012	14,685,164	16,250,717	[illegible]
Private Health Expenditure	2,835,819	2,984,688	3,126,1[illegible]	3,373,0[illegible]	3,802,261
Donor Health Expenditure	8,141,486	6,464,185	5,666,58[illegible]	5,500,715	[illegible]
TOTAL	23,610,215	24,140,[illegible]	23,427,[illegible]	25,200,471	[illegible]

Source: [illegible]

Table 5: General Government Health Expenditure

	2008	2009	2010	2011	2012
Central Government					
Ministry of Health	**49.22%**	**51.53%**	**48.95%**	**43.10%**	**46.37%**
GPHC	25.29%	24.36%	27.57%	30.01%	27.38%
Regions 1-10	**24.05%**	**22.38%**	**25.07%**	**24.58%**	**24.05%**
Ministry of Finance	0.76%		0.15%	0.25%	
Ministry of Home Affairs	**0.01%**	**0.02%**	**0.02%**	**0.02%**	**0.02%**
Ministry of Culture Youths and Sports	0.34%	0.29%	0.29%	0.26%	0.23%
Ministry of Education				**0.02%**	**0.02%**
Ministry of Human Services	0.18%	0.03%	0.07%	0.06%	
Local Government					
MCC + Town Councils	**0.15%**	**1.59%**	**1.89%**	**1.69%**	**1.52%**
TOTAL	**100%**	**100%**	**100%**	**100%**	**100%**

Source: MOF; Town Councils

Who? = population covered

- HIV, TB, and malaria prevention and treatment
- Increase and improvement in HIV/AIDS services
- The number of persons receiving VCT has increased over the years, with 16,064 tests performed in 2005, 25,063 in 2006,27 and 86,938 in 2008 (HIV mid-term review 2009).
- The sexually transmitted disease and TB clinics and the malaria clinics in the public sector also serve as entry points for VCT.
- Maternal, child, and family health is a major priority in improving overall health status

Health Systems 20/20 and the Guyana Ministry of Health. October 2011. Guyana Health System Assessment 2010. Bethesda, MD: Health Systems 20/20, Abt Associates Inc. USAID

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Health Systems and Services

Evidence supports that a strong Primary Health Care (PHC) orientation is among the most equitable and efficient way to organize a health system

PHC oriented system brings health care to people regardless of their gender, age, ethnicity, social status or religion

System based in PHC has to respond people's needs with quality, accountability, social justice, sustainability, participation and inter sectoriality

PHC approaches reduce inequities by emphasizing universal coverage in order to remove financial barriers to access

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GUYANA Health System CHALLENGES

- Difficult geographic accessibility
- High number of people living in poverty
- Health Human resources (HHR) policy not implemented
- Limited infrastructures
- Insufficient and inefficient use of resources
- Changes in the profile of diseases and conditions (NCDs) in the population

Organization

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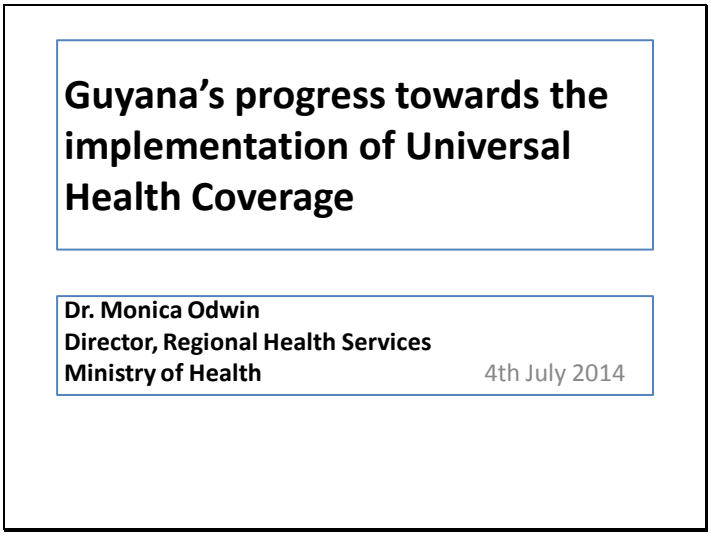
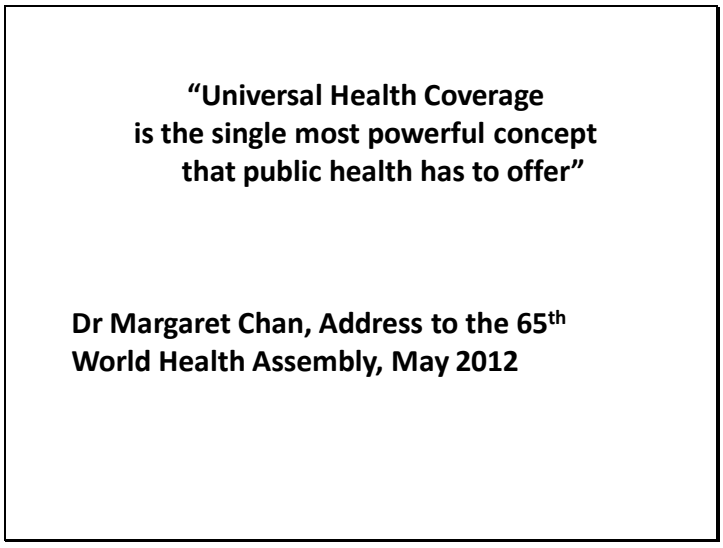
Annex 4: Presentation - Guyana's Progress Towards the Implementation of Universal Coverage

(backgroundcolours removed from slides to reduce file size**)**





Contributions and specific positions of the Ministry of Health

	Proposed strategic lines of action towards UHC
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 intersectoral action to address the social determinants of Health

Expanding equitable access to comprehensive, quality, people and community centered health services- Service Delivery- Strategic line 1

Required activities	Progress
Define a Comprehensive, universal package of legally guaranteed services	PPGHS 1,2,3 Package of Publicly Guaranteed Health Services SARA survey Service Availability and Readiness Assessment
IHSNs based on PHC strategy to transform the organization and management of health services	Regional Health Authority –BHA Service level agreements M&E tool IMAIs
Increase investment in the first level of care	HR capacity doctors, nurses and other categories, MPH for PH management Tools and equipment, diagnostic facilities for communicable and non-communicable diseases

What is the PPGHS in Guyana

- The Package of Publicly Guaranteed Health Services

"A document outlining the facility-based health care services guaranteed to be available to the public, free of charge, at each level of the health care system from Health Post to Regional Hospital"

- Public Version-what services are available and where
- Provider Version-resources required to provide the services across a continuum of care

PPGHS

- **The 1st Edition**
  - **Developed in the early 2000's**
- **The 2nd Edition**
  - **Developed to accompany the National Health Sector Strategy 2008-2012**
  - **Never formally approved**
  - **Only partially implemented nationally**

3rd Edition-the current Edition is an annex to Vision 2020, technical review done May 2014

Service Availability and Readiness Assessment-SARA

- **A questionnaire survey tool developed by WHO-USAID**
- **A tool to support the development and implementation of the PPGHS**
- **It allows us to assess the degree of service readiness at each public health facility**
- **A pilot survey was completed across 20 facilities (levels 1and 2) in regions 1 and 4.**
- **Roll out across the county planned before the end of the year.**

Integrated Health Services Delivery Networks-IHSDNs

- **A network of organizations providing equitable, comprehensive, integrated and continuous health services**
- **Benefits through Regional Health Authorities to facilitate decentralization of health care services to specified geographic location**
- **Regional Health Authority Act of 2005**
- **Pilot, evaluation**
- **Service Level Agreements with Regional Health Departments, RDCs**

Expanding equitable access to comprehensive, quality, people and community centered health services- Service Delivery- Strategic line 1

Required activities	Progress
Increase employment options at the first level of care, with working conditions/incentives in underserved areas. Consolidate collaborative multidisciplinary health teams	Options: CHWs, Medex, Nurses, Doctors Dentex, PA, on contract gratuity or pension. Incentives: financial and non financial Rural allowance, post graduate training. Multidisciplinary outreach health team Health Promotion Strategy in development Family medicine training being explored Allowances
Availability and rational use of essential medicines and technologies	Procurement mechanisms Logistics management Essential medicine drug list Standard treatment guidelines,
People empowerment programs,	health education, promotion, prevention Rights and obligations

Strengthening stewardship and governance- line 2

Required activities	Progress
Establish formal mechanisms for participation and dialogue to promote inclusive policies and accountability	National Health Policy committee Technical Head Directorate National consultations Strategy,NCDs, SRH, Regional Health Officers and Program Heads meeting-Stewardship capacity Technical Work Groups-Vision 2020
Develop policies and plans to clearly convey the state's intention on change to UHC	Cabinet Sub committees on Health Presidential Commission on HIV, NCDs Pulse Beat CCMs in malaria, TB and HIV programs Presidential Commission on NCDs

Strengthening stewardship and governance-Strategic line 2

Required activities	Progress
Legal and regulatory framework with Commitment to UHC	Right to health -constitution, declarations Increased stewardship at MOH Public Health Act 2005-Health is the responsibility of the government and the individual. Regional Health Services Act 2005

Increasing and improving financing, promoting equity and efficiency, and eliminating out of pocket expenditure- Strategic line 3

Required activities	Progress
Increase public health financing Remove financial barriers Increase equity in resource allocation	Total Health Expenditure 23.6 billion G$(2008) Public expenditure- 54% Donor Expenditure- 34% Private expenditure- 12 % GDP spent on health- 5 to 7 % Proportion of total Govt. expenditure- 9.5%
Eliminate direct payment at the point of service	Free Health care at PHC facilities
Increased efficiency in financing and the organization of the health system	5 levels of care, The Referral System Budgetary preparations and reviews Strengthen Procurement and essential drugs, outsourcing of warehousing

Strengthening intersectoral action to address the social determinants of Health- line 4

Required activities	Progress
Establish intersectoral coordination mechanisms Strengthen the capacity of National Health Authority	Office of Strategic Partnership within the Ministry of Health to coordinate, manage, M&E strategic partnerships. MOA, MOHSSS, MOE, MLGRD, MOAA Cabinet Sub-committee on Health Regional Health Management Committees PPP, Guyana Business coalition on HIV/A, PPM,
Generate evidence to support interinstitutional actions health impact actions Civil society and community participation	Surveillance systems M&E systems, Multi-indicator cluster survey Guyana Demographic Health Survey Twinning of Institutions HIV behavioral survey UNICEF multisectoral living conditions survey Engage CSOs thru donor funding and outreaches, other civil society actors in health policy

Strengthening intersectoral action to address the social determinants of Health- line 4

Required activities	Progress
Promote UHC in Social protection programs. Strengthen the participation of the health sector in defining the health related components	MOHSSS- cash and other support MOH-financial support to patients National Commissions on Disability, HIV/AIDS, Elderly, NCDs Regional Health Management committees
Strengthen the links between health and the community, role of municipalities, and grass roots orgs. To improve living conditions and health spaces Educate on SDH for health promotion and protection	CHWs on going training Malaria Councils and School Committees Health Outreaches, Health fairs, Community involvement in home based care, Wellness warriors Adolescent health peer advocates for health promotion and protection Improved health literacy Cooperation between municipal health centers and MOH facilities

Universal Health Coverage

" Each country needs to find its own way to UHC based on its own historic, social and economic context, promoting a large social dialogue.

Each country can do something to move toward UHC"

Dr. C.F. Etienne, Jamaica, 2013
PAHO WHO

Annex 5:Presentation - Methodologyand Questions

Workshop methodology

Morris Edwards
CMO (ag)
Country consultation on Universal Health Coverage

Cara Lodge, 4 July 2014

Background

- Pan American Sanitary Bureau (PASB) mandated to prepare a UHC strategy
- UHC and Social Determinants of Health are pillars of PAHO Strategic Plan 2014 – 2019
- Strategy to be presented for consideration at PAHO Directing Council in October
- PASB supporting countries to have national consultations on the strategy to make inputs into it for considerations for inclusion in October

Objectives

- Presentation of the UHC Strategy at country level
- Establish national positions and contributions under four strategic lines for inclusion
- Describe national approaches and experiences in UHC
- Compile a country report which includes suggestions, comments and contributions for consideration for inclusion into the final strategy at the PAHO/WHO Directing Council

Methodology

- **UHC has four strategic pillars**
  - **Expanding access to comprehensive, quality, people and community centered health services**
  - **Strengthening stewardship and governance**
  - **Increasing and improving financing without out –of – pocket expenditure, with equity and efficiency**
  - **Taking intersectoral action on SDH**
- **Formation of four groups, with each focusing on one pillar.**
- **Each pillar has specific questions to be answered**
- **In addition, each group will also consider two general questions**
- **Groups can include additional questions**

Methodology …….

- Following the answers to the questions, there will be a plenary to arrive at consensus on what should be in the final report

Questions

- **General**
  - In the group's view, what is the most essential point in the document
  - What aspects have been excluded and therefore should be included

Group one

Expanding access to comprehensive, quality, people and community centered health services

- A) What importance does the group give to the following to advance UHC?
  - Existence of an explicit and universally guaranteed package of health services
  - A model of care that is structured according to an integrated health services network
  - A primary level of universal care with broad coverage and sufficient response capacity
  - Competent, sufficient and well distributed human resources

Group one

Expanding access to comprehensive, quality, people and community centered health services……

- B) What aspects should be promoted in Guyana to expand equal and effective access to quality services, particularly for vulnerable groups?
- How would you address this?
- What have been the most valuable experiences or lessons on improving access to care?

Group two

Strengthening stewardship and governance

- **A) What importance does the group give to the following**
  - **Essential public health functions, with emphasis on management and leadership of the health ministry**
  - **Existence of a legal or regulatory framework , and competencies of control**
  - **Institutional capacity to design, implement and evaluate plans, policies, and strategies for the entire health sector**
  - **Ability to generate social participation and accountability**
  - **Presence of sound and interoperable information systems for decisions in health**

Group two

Strengthening stewardship and governance

- B) What are the key aspects in Guyana that should be strengthened to improve governance and leadership of the health ministry?
- How would you address this?
- What have been the most valuable experiences or lessons on strengthening leadership and governance?
- How could PAHO technical cooperation provide support in this area?

Group 3

Increasing and improving financing without out –of – pocket expenditure, with equity and efficiency

- **A) What importance do you place on the following**
  - **Increase in public financing in health**
  - **Joint funds**
  - **Elimination of any type of direct payment at point of service**
  - **Improvement in the efficiency and quality of health expenditure**

Group 3

Increasing and improving financing without out –of – pocket expenditure, with equity and efficiency

- **B) What are the likely obstacles to increases in public financing of health and eliminating direct payment at the point of service?**
- **What would you expect from PAHO technical cooperation to assist in addressing this?**
- **C) What have been the restrictions towards achieving more health for money?**
- **Where do more opportunities exist to improve efficiency in health systems?**
- **What has been Guyana's experience in improving efficiency?**
- **What would you expect from PAHO technical cooperation?**

Group 4

Taking intersectoral action on SDH

- **A) What importance do you place on the following**
  - **Weakness of the health sector to exercise leadership and act jointly with other sectors in addressing SDH**
  - **Existence of non-universal social policies, insufficient finances and lack of coherence and intersectoral coordination**

Group 4

Taking intersectoral action on SDH

- A) What aspects in Guyana should be strengthened to improve capacity to act on the SDH?
- B) What has been Guyana's experience in making effective impact on the SDH?
- C) What would you expect from PAHO technical cooperation?

Annex 6: Members of the Working Groups

Group 1: Access to Health Services	Group 2:Stewardship and Governance	Group 3: Health Care Financing	Group 4:IntersectoralAction
Derryann Edinboro (MoH) Shameer Ali (MoH) NigelLanghorne (MoH) Dr. Janice Woolford (MoH) Nazim Hussain (NAPS/MOH) Sheik Amir (GPHC) Trevor Vangendren(LHC) Andrea Phillips (GRCS) RenukaAnandjit (GRPA)	Joseph Hamilton (MoH) Morris Edwards (MoH) Dr Julian Amsterdam (MoH Tarramattie Barker (MoH) Michael Khan (GPHC) Kushana Archer (MINTIC) Malhi Cho (PAHO)	Curtis Charles (MoH) Ganesh Tatkan (MoH) Joel Isaacs (MoH) Malkia Idal (MoH) Karen Yaw (MoH) Collette Clementson (MoH) RovinSukhraj (MoH) Anwar Husain (NIS) Gerrod Parker (MoF) Cecilia Caio (MoF) Rosalinda Hernandez (PAHO)	SaudiaJabar (MoL) Lydia Greene (MoLHS&SS) Dionne Browne (MoE) RupeshChandrika (MoHA) Collette Bryan (DMH) Cornelly McCalmont (UNICEF) William Adu-Krow (PAHO) Mariano Bonet (PAHO) Karen Roberts (PAHO) Angela Hoyte (PAHO)