

WEBINAR SERIES ON THE ESSENTIAL PUBLIC HEALTH FUNCTIONS

WEBINAR # 1: ASSESSING ACCESS BARRIERS TO ACHIEVE UNIVERSAL HEALTH IN THE ERA OF COVID-19

REPORT

Introduction

On April 23, 2021, the Pan American Health Organization / World Health Organization (PAHO / WHO) began a webinar series that delved into the renewed framework of the Essential Public Health Functions (EPHF).

The webinar series, organized by the Health Services and Access Unit of the Department of Health Systems and Services (HS / HSS) will address, during the rest of the year and on a monthly basis, different methodological tools and practical lessons arising from country experiences to strengthen public health functions and achieve an impact on access and health outcomes for the population.

Approximately 700 people from 43 countries participated in the first meeting of the series in which some experiences in the evaluation of access barriers and the challenges that these barriers present to achieve Universal Health in times of COVID-19 have been addressed.

Review of the topics covered

The webinar began with an address by the **PAHO assistant director, Dr. Jarbas Barbosa**, framing the activity in a context of challenges presented by the COVID-19 pandemic. "Among the lessons that 2020 has left us, we have learned that facing the pandemic and addressing its consequences necessarily implies raising our gaze and focusing on universal health, in strengthening health systems from essential public health functions and in overcoming the inequities and barriers that our populations, including those in a greater situation of vulnerability, experience to exercise their right to health".

His address also framed the conversation on universal health as a strategy, recalling that the Strategy for Universal Access to Health and Universal Health Coverage emphasizes the need to ensure access, and therefore eliminate the barriers faced by the population to access health services when they need them. "The region has in this Strategy a roadmap to move forward, with the necessary participation of multiple actors with different decision-making capacities and influence in the broadest sectors."

The persistence of barriers to access to health services during the search for health care experienced by about a third of the population in the Americas puts at risk the progress that the region has made towards universal health and development. "Ensuring full access to comprehensive, adequate, timely, and quality health services is consequently a fundamental condition for human development."

Barbosa has also referred to the commitment assumed by the States of the region with Primary Health Care (PHC) in the Pact "30-30-30 PHC for Universal Health" that aims to accelerate the efforts of the region to achieve universal health and the SDGs in 2030. The Pact calls for concerted efforts to eliminate access barriers by at least 30%, which for the PAHO assistant

director means investing in essential public health functions: promoting intersectoral action; strengthening the governance of health systems; increasing the commitment and participation of individuals and communities in this process; reviewing the traditional way of doing politics and planning in health; and changing the way we think about the barriers that prevent effective access and exercise of the right to health.

Regarding the role of the organization, Barbosa highlighted the work of development and use of the methodologies and tools for the analysis of access barriers; the deepening of different tools that are not so typical for health research, such as household surveys, which allow the extraction of information and monitor the evolution of how barriers are perceived and experienced in different countries and territories over time; and technical support to the countries to better understand the barriers faced by the most vulnerable groups.

These last aspects have been expanded in the presentation by Natalia **Houghton, Specialist in Analysis, Monitoring and Evaluation of Health Systems and Services of PAHO / WHO** who highlighted that “the analysis of access barriers must be holistic, include different tools and sources of information such as quantitative and qualitative data that allow to give context to the analysis”. As an example of the plausibility of this type of analysis, some processes that are being carried out in Guyana, Honduras and Peru were mentioned.

The analysis of household surveys has been highlighted as a tool due to the potential it has when measuring the problem of barriers. In the Americas, 3 of 10 people report not seeking health care when they need it; and when the comparison is presented between countries, it is seen that in the middle-income countries, the percentage of the population that does not seek care reaches 44%. These countries with a higher percentage of people who do not seek care tend to have higher avoidable mortality.

Houghton stressed that it is therefore important to monitor these types of metrics, and above all to know the barriers: “the barriers to access are multiple, there are many reasons why they do not seek health services in a timely manner ... and that experience of barriers to access changes with the characteristics of the population”. In addition, she expressed that “if we want to move the needle a little, it is important that the different policies are addressing each of the access barriers experienced by the population.”

She also referred to two key points: “put on the equity lens,” since the most vulnerable population experiences financial, geographic, and availability barriers more frequently. And consider the social determinants of health. As an example, she expressed that early marriage increases the risk of poor sexual and reproductive health for women and girls, but it is also this group of women that experiences greater access barriers that have to do with their autonomy.

Finally, more than a year after the declaration of the COVID-19 emergency, it is evidenced in the data presented by Houghton that the countries of the region continue to report disruptions to essential health services, mainly promotion and prevention services from the first level of care: “There are persistent access barriers and new ones. There are new challenges for health systems”

After, **Theadora Swift Koller, Senior Technical Advisor (Equity) at the World Health Organization**, referred to WHO's work in supporting the identification and addressing of access barriers. First, she highlighted that examining barriers to access improves health systems performance, reduces inequities, and improves health for all. The WHO General Program of Work has given importance to barriers and with this the Secretariat has begun a process that includes the use of the Tanahashi framework and effective coverage dimensions.

She specified this definition of effective coverage, as the proportion of people who require services and receive services of sufficient quality to have potential benefits for their health. A first look at the study of barriers in more than 3000 publications has allowed them to identify the dimensions of availability and acceptability that are the most mentioned, and to discover that there is a great variety of methodological designs in these studies.

Koller reviewed some of the main types of barriers that fall within the Tanahashi framework. Availability barriers such as the deficient number of human resources and medicines; barriers to geographic, financial and organizational / informational accessibility, barriers for example related to distance, autonomy of movement, direct or indirect financial barriers; those of acceptability related to gender roles, cultural beliefs, confidentiality, and perception of service quality; those of contact; and barriers to effective coverage such as weak referral systems, imprecise diagnoses, inadequate treatments.

The WHO is working on a manual for the measurement of barriers that, according to Kollers, "intends with its different modules to provide support to a research team in the analysis and evaluation of barriers." An example of the application of the methodology can be found applied in the analysis of the barriers experienced by adolescents.

Following the webinar presentation, **Frederico Guanais, Deputy Head of the Health Division at OECD**, contributed some views on access barriers, the perspective of patients and the role of primary health care.

To this end, he referred to the available data on access and user experience during consultations at the first level of care in 6 Latin American and Caribbean countries and 11 in the OECD. The data shows that these two groups have similar access perspectives to possible consultation on the same day or the next day, ranging from 44% to 56%, varying according to educational levels. But this difference extends when we consider financial barriers, and becomes even more complex when we explore access to primary health care by educational level.

In the COVID-19 era, Guanais said, "in addition to access we should be considering the experience and perspective of the users themselves, because COVID-19 has left renewed challenges for them." According to the data included in his presentation, the COVID-19 emergency has resulted in a reduction in consultations, especially those of first level of care, in OECD countries by up to 50%.

Guanais highlighted that "we have a policy window that is open to talk about improvements in medical care," and delved into the consequences of focusing only on intensive care and setting aside actions at the first level, citing as an example that COVID-19 patients who will require intensive care are those with risk factors and pre-existing conditions. "For this reason, resilient systems will give us better systems; and for this the PHC plays a fundamental role".

At the end of his presentation, he made reference to the PARIS initiative, which, taking the experience of the PISA evaluation, promotes measuring "the experiences of care reported and the results reported by users." At the moment, the OECD is developing a pilot study with 20 countries, the participation of Latin American and Caribbean countries is still pending, which will surely enrich the instrument.

Key messages

The panelists included in their presentations elements that require follow-up and monitoring, as well as calls for attention to decision makers. In his final address, the Regional Advisor on Health Governance, Leadership, Policy and Planning, Ernesto Báscolo, summarized some of those messages:

First, the call to **expand and strengthen the field of knowledge and competence of public health**, locating the essential public health functions as a strategic orientation of the stewardship function of health authorities and involving a very broad collective action made up of experts like scientists, technical teams from ministries, health teams responsible for health interventions, and also civil society, through their organizations.

Second, that in the analysis of access and barriers to access to health it **has a scope that goes beyond the performance of individual services, since it has the potential to recognize strengths and weaknesses of the capacities of health systems** and especially of the leadership of health authorities to guarantee health interventions that address risk factors, environmental health, and social determinants of health.

Third, that **the measurement of the different barriers to access** to health services is a critical capacity that must be assumed and exercised by health authorities and actors committed to the population's right to health.

Fourth, he highlighted some important aspects to "change the way that we think about access barriers." **The need to incorporate the barrier analysis exercise transversally in the formulation of the policy cycle**; to address inequalities and better understand how the different types of barriers are manifested in different spaces and how they affect population groups and their social determinants differently; and formulate and implement policies or interventions that take into account how the different barriers to access to health reproduce and deepen inequities in health and manifest the limitations to the exercise of the right to health.

He highlighted the importance of the exercise of the analysis of barriers that contributes to formulating health policies that respond to the specific problems of each national and sub-national reality; especially in the context of the COVID-19 pandemic, which "pushes us to address all types of barriers, even the less traditional ones, to interpret the underlying social determinants as the cause of the causes that limit effective access to interventions of health".

Closing the webinar, Báscolo called to **"increase the evidence and knowledge** about how populations in conditions of greater vulnerability experience different barriers in access to health services" which he considers essential to understand what we are facing and transform our systems health to remove those barriers.

The EPHF webinar series continues on May 18 with the second activity dedicated to sharing some tools and learnings from **monitoring universal health in the covid-19 era**.

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