

**REPORT ON THE CONSULTATION ON UNIVERSAL HEALTH COVERAGE  
IN BARBADOS HELD MONDAY JUNE 23, 2014  
AT THE PAHO/WHO OFFICE FOR BARBADOS AND THE EASTERN  
CARIBBEAN COUNTRIES**

## **Overview**

Barbados is a sovereign country located in the eastern Caribbean with an estimated population of 288,725 in 2013. Ranked 38<sup>th</sup> out of 187 countries and territories on the Human Development Index by the UNDP in 2013, life expectancy at birth has been estimated at 75 years. The country has also been classified as a high income country by the World Bank. Adult literacy is estimated at 98 per cent. The economy is primarily services based, with tourism being the main contributor to foreign exchange earnings.

The nation's development strategy is predicated on the premise that the education and health of its workforce is vital to the country's competitiveness and productivity. Education is free at the point of delivery from nursery to junior college level, with payment of economic costs having been recently introduced for university students. Public sector health care is provided through a network of polyclinics which deliver primary health care, a general hospital providing mainly secondary and some tertiary level care, a psychiatric hospital, and a network of long-term care facilities for the elderly and persons with disabilities. Health care services are available free at the point of service in the public sector and mostly by out of pocket payments in a well-developed private health care system. An approved list of essential medicines and other pharmaceuticals are provided free of charge to patients obtaining publicly provided health services and at significantly subsidized pricing to pre-defined categories of beneficiaries in the private sector through the Barbados Drug Service.

CNCDs represent a significant challenge to Barbados' health care sector. With adult overweight/obesity rates estimated at 65 per cent in 2007, CNCDs have been highlighted by the Minister of Health as a developmental issue for Barbados.

## **Purpose of the Consultation**

The Pan American Sanitary Bureau (PASB) has been mandated to prepare a Strategy for Universal Health Coverage to guide countries in the region of the Americas. The strategy will be presented for consideration during the upcoming Directing Council in October 2014. To this end, a draft strategy document (CE154/12) has been prepared under the coordination of the Department of Health Systems and Services and an inter-programmatic working group. The PASB further requested each Member State to conduct a consultation with relevant stakeholders to discuss the draft document (CE154/12) and to provide comments from a country perspective to contribute to a revision of the draft strategy.

In response to this request a National Consultation on Universal Health Coverage was convened in Barbados on Monday June 23, 2014 under the leadership of the Ministry of Health and with the support of the PAHO/WHO Office for Barbados and Eastern Caribbean Countries. Thirty five participants from the various sections of the Ministry of Health; Ministry of Finance, the NGO community, the University of the West Indies and Queen Elizabeth Hospital participated (see

Appendix1). Notably, representatives from the Ministry of Education, the Ministry of Social Care and the private sector had also been invited but were unable to attend.

### **Methodology**

The meeting commenced with opening remarks by a Representative of the PAHO/WHO Office for Barbados and Eastern Caribbean Countries (Office of the PWR) and the Minister of Health of Barbados. The Minister's remarks are attached to this Report as Appendix 2.

The Office of the PWR then made a power point presentation on An Overview of the Draft Strategy. This was followed by a brief question and answer session. Participants were then allocated to four groups according to each of the four strategic lines as outlined in the draft strategy. Each group engaged in guided discussion, responding to a set of common questions for all groups and then specific questions pertaining to the strategic line to which they were assigned. At the final plenary, each group presented its reports on their discussions and made concluding comments.

This Report is organised as follows: the Objectives of the Consultation; Summary of Responses to the Common Questions; Responses to Questions According to the Strategic Lines; the Position of the Ministry on Universal Health Coverage; Conclusions and the Way Forward and Appendices.

### **Objectives**

The objectives of the consultation were to:

- Present the draft document "Strategy for Universal Health Coverage" to stakeholders in Barbados ;
- Identify the contributions and specific positions with regard to the four strategic lines proposed for progress toward universal health coverage;
- Facilitate the dialogue about approaches and/or experiences of Barbados, including civil society organizations, academia, and the private sector; and
- Contribute to the preparation of a country report that identifies suggestions, comments and contributions to be considered for inclusion in a final strategy that will be presented to the 53rd PAHO/WHO Directing Council (that will take place 29 September–3 October 2014).

## Summary of Responses to the Common Questions

***1. Overall, is the proposed strategy comprehensive? Does it include the critical strategic lines to be considered to advance toward universal health coverage in the Region? What aspects are not addressed or should be included?***

Participants were unanimous in agreeing that the strategy is comprehensive and that it includes the critical strategic lines for advancing UHC in the region. Some participants had a concern about the use of the term “Legally Guaranteed Services” in the strategy. They believed this language proposed too strong an obligation that could result in legal challenges to governments, particularly in situations where the costs of some services may render them unaffordable. It was suggested that this term should be revised to allow for a greater degree of discretion based on availability of resources. It was also felt that health services should be held to certain principles of effectiveness of medical interventions, cost effectiveness, and affordability.

***2. What are the main elements for a roadmap for moving towards universal health coverage in the country? (This question must be answered after the work in the specific questions for each of the strategic lines)***

Most participants expressed the view that an evaluation of Barbados’ progress towards UHC would be a good starting point. This would also allow for identification of gaps in the current system. They also felt that a plan with appropriate bench marks (targets and indicators) for monitoring progress should be prepared.

It was also felt that broad stakeholder engagement is required at this juncture, as Barbados examines options for sustainable progress towards UHC in a challenging economic climate. Many also expressed the view that an improved structure that facilitated civil society participation would be a critical element for Barbados, as this would allow for a more participatory approach to health services planning and delivery. Strenuous political leadership was identified as an essential element for advancing progress towards UHC.

Specific areas of concern which were identified for Barbados’ continued progress towards universal health coverage included the following:

- 1) Potential barriers of access to mental health services and for LGBT persons caused by real or perceived stigma;
- 2) Possible gaps in the provision of routine screening and preventative health care for children over the age of five years of age;
- 3) Limited availability of adolescent health services;
- 4) Limited access to preventative oral health services for adults who are unable to pay.

## Group Responses to Questions According to Strategic Lines

### Strategic 1: Expanding equitable access to comprehensive, quality, people and community centred health services

a) *In order to advance toward universal health coverage, what importance do you give to the following aspects?*

- The definition of a comprehensive, universal package of legally guaranteed services.

The group was concerned with the notion of “legally guaranteed services” and felt this could place an obligation on the State that would be impossible to fulfill, particularly during periods of economic recession. It was also felt that the entitlements covered by the term “comprehensive universal package” should be spelt out so that individuals would know the services to which they had access.

It was also suggested that a reciprocal arrangement with CARICOM member States should be concluded in view of the free movement of Caribbean nationals.

- *The development of health care models that focus on the needs of people and communities, increasing resolution capacity of the primary level of care, through integrated health services networks.*

The health services delivery network in Barbados would require strengthening to improve efficiency. This would involve the revision of protocols and guidelines for clinical practice; structures to facilitate more participatory approaches particularly among NGOs; increased consultation with members of the community as well as improved monitoring and evaluation of health services.

- *Increase investment in the first level of care to improve resolution capacity*

Emphases must be placed on on-going investment in primary health care especially for preventative services in light of an increasing chronic disease burden.

- *Increase employment options at the first level of care, with attractive labour conditions and incentives. Multidisciplinary health teams with access to health information to tele-health services (including telemedicine). Introduce new professional and technical profiles.*

There is room for improvement in this area. The health care system could benefit from increased employment categories and human resource incentives.

The use of technology (e.g. telemedicine) should be considered as a means of obtaining specialty services efficiently.

Advocates and volunteers could be used to address community needs guided by country resources.

- *Improve availability and rational use of medicines and other health technologies and implement programmes for the empowerment of people including promotion, prevention and educational activities that enable people to know more about their health situation and their rights and obligations.*

On-going efforts to achieve this will be very important in the context of countries such as Barbados with limited resources. The Barbados Drug Service is a model for this approach, however cost containment, and wastage reduction must be prioritized. On-going education of medical professionals on rational prescribing practices should remain a priority. Procurement at the regional level should be explored as a possible strategy to provide economies of scale. Public education on drug utilization and the reduction of wastage should also be a priority.

The rational use of other technologies, e.g. diagnostic services must also be considered.

The group also recommended an improved integrated Health Information System as a strategy to move towards an integrated clinical management system.

Health literacy was flagged as a concern in segments of the population. It was suggested that there is a need to encourage the population to access reputable sources of medical information. The health care system must be adapted to address patient rights and empowerment.

**b) *What needs to be done in your country to improve equitable access to quality services, particularly for groups in situations of vulnerability such as very young and very old people, the poor, migrants, patients with chronic or incapacitating diseases, LGBT, among others?***

There needs to be an emphasis on improved customer service and continued recognition of fundamental rights of patients. Continuous training of staff is needed to increase sensitization and community outreach to vulnerable populations. Expansion of oral health services was also outlined as a priority.

**c) *What have been the national experiences and lessons learned on improving access to care?***

It is important to ensure that access includes the full spectrum of care, particularly primary prevention. The increase in lifestyle diseases despite provision of general practitioner services and medicines which are free of cost at the point of delivery in the publicly provided health sector is an example of the weakness of primary care system as practiced in Barbados.

There may be a need for greater emphases on public - private partnerships to increase the efficiencies of our small economies.

Policy must be guided by epidemiologic evidence.

***How can PAHO support your country in this process?***

PAHO can support the country by providing technical assistance for training in areas such as health planning, health economics, health informatics, development of health indicators, and monitoring and evaluation. In addition, access to best practice models can be provided to guide improvement of health systems.

## **Strategic Line 2 : Strengthening Stewardship and Governance**

***In the transformation of the health system towards Universal Health Coverage, what importance do you give to the following topics?***

- ***Establish Formal Mechanisms for Participation, Dialogue and Accountability***

Objective criteria should be established to determine the needs of the client. These assessments should be conducted periodically so as to ensure the aptness of the service provided. Additionally there needs to be a focus on ensuring the representation of marginalised groups. The group reported that a lengthy discussion ensued on quality and ensuring that services provided were measured against an established standard.

- ***Policies and Plans***

The group attached high importance to the formulation and implementation of health sector policies and plans. It was felt that while geographical access to health care is not an issue in Barbados, there were other challenges that needed to be addressed at the policy level. An example was that the general hours of service provision in the public health care system (e.g. 8 a.m. to 5 p.m.) may create a barrier for persons with regular working hours.

The immigrant population was flagged as segment of concern regarding access to health care. Stigma and discrimination may also create barriers for vulnerable groups including mental health patients and LGBT persons.

The lack of developmental health checks for children beyond the age of 5 years of age and fragmented adolescent health services were also highlighted as areas of concern.

- ***Define and implement a set of interventions to strengthen governance & stewardship capacity of the health care sector, guaranteeing the essential public health functions with an emphasis on management and leadership of the health authorities.***

There may be a need to assess current standard operating procedures (SOPs) to evaluate their relevance and make amendments as necessary.

Enhancing UHC for Barbados would require ongoing analysis of policies, plans and targets, bearing in mind the core values of quality, equity, and needs based and lifespan approaches.

- ***Legal and Regulatory Capacity***

Members of the group felt that there is need for an evaluation of current governance and stewardship structures, particularly as it relates to legal instruments.

There was a claim that many of the existing statutes may be out-dated with limited relevance to the contemporary environment.

A constant legal presence in the Ministry of Health was suggested, as legal expertise is necessary for many everyday activities.

- ***National Health Information Systems***

Improvements to the Health Information System would allow for enhanced integration and decision making.

- ***In your opinion what 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 them?***

Key aspects that should be strengthened include:

- policy formulation and regulation
  - restructuring organizations to focus on leadership, mentoring and accountability
  - establishment of a monitoring and evaluation framework
  - strengthening of human resource
  - increase efficiency in expenditure and resource utilisation
- ***What have been the experiences and lessons learnt regarding strengthening governance and leadership in the health sector?***

Critical Success Factors include:

- Engagement of key stakeholders at the beginning of the policy development process such as the trade unions, patients, Civil Society Organizations.
- Sharing successes and failures for use as teaching/learning tools.

- ***How can PAHO Technical Cooperation provide support in this area?***

PAHO can provide technical assistance in the following areas:

- Assessment of the currency of our Health Service Regulations in the context of international instruments, treaties etc., updating and guiding the application as required
- Strengthen capacity for conducting needs assessment
- Assessment of the existing social work and welfare services provision in primary care

### **Strategic Line 3: Increasing and Improving financing, promoting equity and efficiency, and eliminating out of pocket expenditure.**

***a) Based on the information in the draft strategy document (pg5) indicate what elements should be taken into consideration to address the following issues:***

- ***Increase public financing for health***

The WHO in the 2010 World Health Report has recommended that Public Health Expenditure should range between 5 and 6% of Gross Domestic Product (GDP) for countries on a path to universal health coverage. In Barbados, Public Health Expenditure is approximately 4 per cent of GDP. Health Satellite Accounts estimates for Barbados suggests that Out-of-pocket expenditure is estimated to account for about 33% of Total Health Expenditure. The National Health Account exercise currently being undertaken will demonstrate national health expenditure and provide a basis for health financing reform.

If sin taxes/health taxes are to be considered, funds should be earmarked for specific activities in the Health sector. Given the context of the economic situation in Barbados, a tax exchange may be necessary (trading of taxes). It is difficult to show the value of the health sector to the growth and development of the population. We must conduct relevant studies to provide evidence of the contribution of health to GDP.

- ***Eliminate direct payment at the point of service and replace it with a Pre-paid integrated pool based on the principle of solidarity that allows cross subsidies from healthy to sick, from rich to poor and from young to the elderly.***

The group suggested that the health system ought to be restructured to allow the entire population to access care in the public and private sector using a national health insurance system. It was also suggested that the Barbados National Insurance Scheme could be considered as an administrative body for a new financing pooling model. Incentives/Compensation should be determined to eliminate abuse of the system by private providers. (Audit of providers)

- ***Improve the efficiency in financing and the organization of the health system***

- Purchase and provider split – strategic purchasing of services from providers (Mechanisms for reimbursements to be determined)
- Public education
- Quality assurance
- Monitoring and Evaluation of implemented financing system/services provided by NGOs
- Agreed strategic direction including- by involving NGOs in preventative initiatives (reduce duplication and fill gaps)
- Rational use of service- evidence based care
- Task shifting

b) ***What are the Challenges in your country for the application of the proposed interventions in this strategic line (increased public financing, and eliminate direct payment at the point of service)? How would you address it?***

The group felt that the most important challenges related to improving efficiency within the health system. Long waiting list to access some specialised health care services is a constraint in publicly provided health services including Barbados.

There is a need for a proper definition of essential services so that clients would be aware of what is available to them; this includes the need for a defined package of services available in Barbados especially at the Queen Elizabeth Hospital.

***How would you address these challenges?***

The group suggested the following list of interventions:

- i. There is a need for wide public consultation on the financing of the health care system
- ii. Advocacy at policy level for increase in expenditure in health (aim for 6% of GDP)
- iii. Increase public and civil society involvement
- iv. There should be a focus on prevention – based on the principles of renewed primary health care
- v. Gather local data including the implementation of a reformed National Health Information System (must be structured to capture prevention)
- vi. Conduct National Health Accounts Exercises periodically to track national health expenditures.

***c) Experiences and Lessons Learnt in implementing improvements in efficiency in Barbados' health system***

The group suggested the need for improvements in the following areas:

- i. Use of Information Communications Technology to expand access and reduce cost
- ii. Adoption of new health technologies (minimal invasive procedures)



- iii. Expanded range of services has not taken into account sustainability of service.
- iv. Poor integration in levels of care (primary-secondary including mental health)
  - Referral and Discharge Systems
- v. Efficient use of human resources
- vi. Improved health human resource planning
- vii. Outsourcing of services for efficiency (Laboratory Services)
- viii. Different financing model for equipment
- ix. Philanthropy- Engaging with donors to facilitate improved relations
- x. Indicators and Health Matrix Tools
- xi. Monitoring and Evaluation

***d) How can PAHO technical cooperation support Barbados in this area?***

The group felt that PAHO technical assistance program should be available for providing training and technical support in the following areas:

- 1) To enable actuarial studies with the goal of rationalising services
- 2) Identification of universal package of services with cost
- 3) Identification of modalities of financing with advantages and disadvantages
- 4) Provide support for wider consultation on health financing
- 5) Provide evidence base to support advocacy for prevention

**Strategic Line 4 Strengthening Inter-sectoral Action to Address the Social Determinants of Health**

***What importance do you give to the following topics?***

*Level of importance was rated based on the following Likert Scale*

- 1. Not important
- 2. Somewhat important
- 3. Neutral
- 4. Very important
- 5. Critical

***Leadership role of the health system to involve other sectors in addressing the social determinants of health. Establish intersectoral coordination mechanisms.***

**Level of Importance 5 (CRITICAL)**

- There will be need for strong technical leadership from the Ministry of Health

- Political leadership will be essential to mandate that sectors collaborate with health
- All sectors need to understand how their actions/programmes will impact health (health impact assessment of all policies)
- There should be an overarching framework to provide guidance to each sector as to their role.

***Generate evidence to support inter-institutional actions, in particular assessing the health related implications of policies, programmes and development projects.***

#### **Level of Importance 3 (Neutral)**

- Capacity needed to support the evidence generation criteria
- Mechanisms for assessment of the impact of programmes

***Promote universal health coverage in social protection programs. Strengthen the participation of the health sector in defining the health-related components of social programs, for conditional cash transfers, as appropriate.***

#### **Level of Importance 3 (Neutral)**

- Make others aware of the value of the health services through rebranding of the health system and improving customer service skills
- Opt- in private health practitioners through standards
- Encourage reform of the insurance industry removing pre-existing conditions clause
- Define and fund a basic basket of services
- Tax the vice products E.g. Tobacco, alcohol, eliminate trans-fats

***Strengthen the links between health and community, empower people and communities by training leaders, young people and other community members on the social determinants of health so that they can play an active role in health promotion and protection.***

#### **Level of Importance 4. Very important**

- Build capacity through the training of community leaders, faith based organisations, parish ambassadors
- Promote health champions in community groups
- Develop a national health resource guide
- Health promotion at two levels: Strengthen delivery of HP at Institutional and community levels

***What are the barriers to strengthening the capacity of the national health authority to influence legislation, regulations and interventions beyond the health sector that address the social determinants of health? How would you address it?***

#### **The Barriers**

Lack of Collaboration: Inadequate collaboration between the Ministry of Health and other important stakeholders involved in policy making

Lack of Awareness: Stakeholders have insufficient appreciation for the health implications of their programmes/projects

Limited Resources: Insufficient human and financial resources necessary to optimally coordinate, plan and execute proposed (national) programmes

#### **– Proposed Solutions**

- Improve Collaboration
- Establish a National Planning Unit
- Additional use of (ICT) Information Communication Technology to facilitate information sharing
- Improve Awareness
- Sensitisation of the need for health in all policies
- Better use of information technology
- Improve Resources
- Technical assistance for health impact assessments

***What have been the experience and lessons learnt in working with other sectors to address the social determinants of health?***

- Lack of a shared understanding of their role and unique contribution to address social determinants of health
- Mandate from the highest level to address health as a development issue across all sectors
- Budgetary considerations to address social determinants of health: a specific budget line for multi-ministerial projects/collaboration
- Mechanism to facilitate an integrated approach to planning and policy development e.g. National Planning Institute

***Question d) How can PAHO technical cooperation provide support in this area?***

- Assistance in measuring the Health impact of programmes and policies assessment
- Information Communication Technology between sectors E.g. Health and Agriculture; Health and Social Care etc.
- The provision country experiences which include data and modelling for planning and development.

## **Ministry of Health Position with regard to Universal Health Coverage in Barbados**

Universal health coverage means that each individual in every community has equitable access to a wide range of quality health services, when needed, and that financial hardship is not encountered in the process. It is predicated on the belief that health is the most basic of resources required for living, and that without good health, people's ability to learn, nurture their families, earn income, and contribute to the advancement of their society is diminished.

Health is central to all human experiences and activities, and the principle underpinning of universal health coverage is that it seeks to promote the right of each individual to health.

The Government of Barbados supports the ethos of Universal Health Coverage and the Ministry of Health has done all possible to maintain the health of the Barbadian population with the

understanding that health is a fundamental developmental issue for the Country's growth and stability.

Barbados' health system since independence has been in pursuit of the goal of universal access to healthcare for all citizens and permanent residents, within the economic resource constraints of the country. Barbados has performed creditably as it relates to the comprehensiveness of health services, population coverage and accessibility. A model of publicly funded health care has been utilized as a strategy for developing this country's human capital and has resulted in indicators of well-being which include a high average life expectancy of 77 years at birth, good maternal and child survival rates, declining prevalence of infectious diseases, access to essential medicines, and attendance of a trained midwife and physician at each delivery.

With the emergence of new technologies, increasing costs, changes in population age structure, and changing disease patterns, new approaches are needed to ensure that the health of the population is sustained for the future while effectively addressing the new issues that we are faced with locally and internationally.

The Strategy for Universal Health Coverage has identified four simultaneous and independent strategic lines; these are:

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 effectiveness, and eliminating out-of-pocket expenditure; and
4. Strengthening intersectoral action to address the social determinants of health.

Each of these strategic lines speaks to areas that have been identified by the Ministry of Health that will need to be addressed in the years to come. Expanding equitable access to comprehensive, quality, people-and-community centered health services infers that health systems should renew the commitment to the primary health care approach as the first level of care and contact with the healthcare system. Within the Barbados context, this means strengthening the promotion of health, scaling up prevention strategies, and treating illnesses effectively and affordably at the home and community level. It also speaks to the need for improved customer service within Ministry of Health facilities and continued recognition of the fundamental rights of patients.

The MOH is committed to addressing the social and environmental determinants of health, upstream, as opposed to facing an immense disease burden with the consequential high costs of treatment and rehabilitation. Addressing the determinants of health involves utilising the principles of health promotion and disease prevention, and includes building collaborative relationships with other sectors of government and civil society to promote health in all policies; engaging manufacturers and others in the business sector in respect of promoting health as it relates to processes and outputs; engaging the media and other agents to educate and advocate for improvements in health; as well as strengthening the capacity of individuals to take responsibility for their health.

With regard to strengthening the stewardship and governance role, in the last evaluation of the performance of Barbados' Essential Public Health Functions in 2010, the trend analysis showed there were some improvement of the Ministry in areas of policy and planning, regulation, and quality management. In 2013, the Ministry took a step further to strengthen its stewardship role by building capacity in monitoring and evaluation. This work, which is in the elementary stages

was achieved through technical assistance from the Caribbean Public Health Agency, CARPHA, and is expected to be continued during the year. The MOH's monitoring and evaluation is expected to be supported by the implementation of the National Health Information Systems which is currently being implemented with the support of the World Bank.

Universal health coverage infers that a country must raise sufficient funds to finance the range of health services offered to its population, reduce reliance on out-of-pocket payments to cover the cost of health services, and improve efficiency at all levels of the healthcare system. Total Health Expenditure in Barbados, which comprises Public Health Expenditure and Out-of-pocket Expenditure by households, is in excess of \$500 million annually. Public expenditure accounts for approximately 65% of this amount. Households on the other hand were paying out-of-pocket as much as \$179 million to physicians, dentist, hospitals, pharmacists and other health care providers. This National Health Accounts exercise will demonstrate national health expenditure and provide a basis for the health financing reform which will be crucial to achieving UHC.

The efficient and equitable use of resources is an important factor that must be considered in the context of universal health coverage. The Ministry's strategy going forward will address the redesign of clinical services, the establishment of discharge policies, rationalising support services to improve economies of scale, the strengthening of management structures to improve accountability, updated procurement practices and the increased utilisation of evidence-based practices to secure the best value for monies allocated to the health sector.

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## **Conclusion and the Way Forward**

The achievement of UHC is an ongoing journey which will call for the dedicated efforts of all stakeholders. Evaluating Barbados' current situation with regard to achieving UHC and identifying existing gaps so as to establish a benchmark for monitoring progress will be one of the key points in creating a roadmap towards the achievement of this goal. It is also imperative that broad stakeholder engagement is involved in the development of solutions in addressing the gaps and developing a vision and model for UHC in Barbados. Constant monitoring and evaluation of progress in achieving UHC goals and refocusing of efforts and resources as required could be achieved through periodic stakeholder consultations.

To achieve UHC in Barbados we need improved awareness of health at every level as well as improved collaboration, improved resource management, and strenuous political leadership to mandate that all sectors work together to achieve our health goals. The Ministry of Health will require technical assistance from the Pan American Health Organization to achieve the development and improvement of various pillars, including an evidence-based primary health care strategy, reform of the health financing system, as well as strengthening of the governance and regulation of the health sector.