Universal Health Coverage

National Consultation
Strategy for Universal Health Coverage
Belize City 25th June 2014

Introduction

On 25th June 2014, a group of 22 persons representing the MoH, NHI, INCAP, Karl Heusner Memorial Hospital and PAHO-Belize met and discussed the Universal Health Coverage strategies that will be presented to the Governing Bodies in September 2014.

The event started with welcoming words from the DHS, who highlighted the importance of the discussions that were going to take place who also gave a brief summary of the process that is involved in this type of consultations. The Director of Planning Unit presented the objectives of the meeting and the expected products. Then the PAHO officer presented the Universal Health Coverage concept and its evolution from Alma Ata till now. It was highlighted that the Universal Health Coverage (UHC) concept will be embedded in the post 2015 agenda. The discussions on how UHC will be part of the whole set of goals is still in progress.

Due to the number of participants, they were divided in 2 groups, for each to discuss two of the four strategies. They received some questions that were designed to guide the discussions. After group discussions, the results were presented in plenary and that generated further contributions from participants.

Report

General comments

The country launched a new National Health Sectoral Plan (NHSP), this past May. This contains the strategies that were analysed and reviewed during the national consultation. Therefore, there is an alignment of the NHSP with current global initiatives. That will facilitate the alignment of future donors, not only to support the implementation of the NHSP but also the national efforts to move towards reaching UHC.

During the discussions, it was highlighted that the population should be actively involved in the implementation of activities to reach UHC. The way in which the strategies are described do not stress this, nor consider their active involvement as an exercise of their rights. The population participation should not be considered only to complement the implementation of the strategies or by expressing their needs.

In the case of Belize, there are many organized groups of persons that tend to deal with specific health problems; they are mainly patient associations working as support groups. These groups may become more active when implementing the UHC strategies and the NHSP, like claiming for better social policies and/or interventions to have a healthy and productive life for the whole population.

It is not clear how determinants of health will be dealt with, at different technical, political or policy levels nor how the progress of interventions, involving them will be monitored or evaluated. To achieve sustainable results, politicians need to be sensitized and they need to know the health effects of interventions in other sectors. Due to the current global discussion, it is expected that other sectors will contribute to achieve UHC. It is worth to mention that the NHSP contemplates an intersectoral analysis and approach to health problems.

In Belize, the major challenge to implement any strategy is the insufficient number of human resources in health.

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

The group agreed with the key elements highlighted in the description of the strategy. The strategy implies a rights based approach, which should be put it into practice when designing and implementing policies.

It is essential to pursue sustainable financing; one option is the reallocation of funds, increasing the current public expenditure, which is still low (3.5% of GDP). Even though our current health expenditure is low there are better health indicators than other Caribbean countries that spend much more.

Politician, should receive analyzed information about the current health situation as well as why health should be considered an investment to achieve a well-developed society and should not be considered an expenditure. This implies the promotion of the concept of wellness in contrast to the concepts of health and illness. Based on this, it is expected that politicians should support the necessary changes to increase the effectiveness of the regulatory function of the MOH.

In the NHSP it is proposed a redistribution of human and financial resources that will impact primary care services. As part of this process, the current primary health care structure will be reviewed as well as the way in which it functions, within the network of services. This implies an assessment of the internal stakeholders (within the system) to identify and design an enabling environment for improved services, if necessary, or roll-out best practices. The implementation of integrated health services delivery networks (IHSDNs) will require to establish mechanisms and define responsibilities for various partners and to construct new networks of services. This process will clarify the responsibility and accountability of each participant in the network.

The use of the words “basic package” can be detrimental due to its connotations with past experiences, as it has been associated, with services “for the poor”. There should be a starting point, affordable and suitable; to meet the health needs of the population. This could be the basis over which to add services over time, increasing the content of the “basic package”. To decide which services or components should be part of the package need a thorough analysis of the current health situation and the costs of what is provided. To modify the content, a frequent evaluation and analysis of the results obtained should be established. The analysis of costs will help in ensuring the commitments for a constant/sustainable provision of services. When designing the content of package, the efficiency and effectiveness of the services or actions should be taken into account.

The National Health Insurance (NHI), is currently implementing contracts with incentives (pay for performance) with various providers. To achieve this they have generated a basic set of services to attend the needs of vulnerable population in the south of the country and the poorest section of Belize district. This could be considered as a basis for the definition of a broader basic package or services. There are valuable lessons learnt by the current implementation of NHI contracted services within the public health system.

Regarding quality, the use of the rapid improvement cycle technique proved to be useful and effective. This technique can be scaled-up.

PAHO was asked support to redesign the regulatory framework that can allow the implementation of the NHSP to move towards UHC. There is also a request to support the assessment of the provision of care at public health facilities.

Strategic line 2: Strengthening stewardship and governance.

The MoH should lead the change if the country will move towards UHC.

The regulatory framework of the MOH should be strengthened as well as the tools to exercise an effective leadership with other sectors.

Within the sector, the MoH needs to engage other actors and exercise its leading role; this could be achieved establishing a continuum of care model. It is felt that the Reform was not fully implemented and that decentralization, an important strategy, is still pending to be fully completed; local realities need to be managed locally. If the decentralization will be fully implemented as a result of the implementation of the NHSP, there will be an immediate need to generate or increase the managerial capacities in the current cadre of staff. What has been implemented towards the decentralization of management has provided valuable lessons and positive practices that should be shared among all managers in a systematic way. The MoH intranet could be used to share the generated knowledge, record the progress and register information that can be part of the institutional memory.

A stronger MoH leadership can set the conditions for a better public / private partnership, mainly for the distribution of technology throughout the country. That should also enforce the regulation of its use and that all facilities comply with a minimum compulsory set of standards to provide services with safety and quality.

The current legal and administrative framework should be updated to accompany an effective policy implementation.

To follow progress, the record of data using the BHIS (Belize Health Information System) should be legally binding, during the provision of services or any other health related action.

PAHO was requested to continue sharing lessons learnt and good practices from countries in the region. It was requested to support the country efforts to build capacity in country.

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

All participants coincided in saying that this strategy is core to achieve UHC.

In Belize, the health expenditure is around 5.5 % of GDP, both public and private, of which **3.5% is public**. The group suggested the use of the word *investment* instead of *expenditure*, to be in line with previous comments (see comments in Strategy 1).

As seen in other countries, a minimum of 6% of GDP, as a public investment in health, will establish the foundations to increase the provision of services. The main concentration of the investment should be used to improve the capacity of the primary care level, the resolution of the network of services and the human resources in health needed according to the identified requirements. This increase in investment should be accompanied by increasing the efficiency in the use of the resources made available. In achieving this it is important to integrate the provision of services, using the Integrated Health Services Delivery Networks (IHSDN) and improve the purchase processes, e.g by tendering.

The initial funding should support the implementation of the initial package of services and stimulate the improvement of quality of care, like what NHI does.

To create a unique joint fund to finance health services has many legal, administrative and political angles that should be discussed in depth. In the country, to increase the current public health expenditure there could be an increase in the amount coming from taxes or creating a specific tax that should contribute for that fund. In any case, solidarity should prevail when funds will be distributed as well should be enough to cover all the components that are part of the package of services.

Pooling resources coming from public and private sources should require a strong commitment from all parties involved as well as ways to have a transparent management. It was estimated that just considering the national revenues to finance the pool should not be enough to cover all what is needed to progress towards Universal Health Coverage. This possesses a challenge to the statement mentioned above therefore careful calculations and strong commitments should be made, to make the fund or pool sustainable. May be, a way of generating the fund, and getting contributions from the population, could be having a contribution according to social class and the ability and the willingness to pay. The administration of the pool implies and improved administration or the resources and all its procedures as well as to respond quickly to disbursements and in a transparent manner.

There are questions like what if the payment stops and there is need to access or, can the essential package be financed or assured regardless of the contribution of the fund?

In any case, current budget is not enough to provide and ensure that a minimum set of services could be guaranteed, a co-payment is necessary, but adjustments should be made for those who can't afford to pay but need the service. Some exemptions could be related to geographic location and/or income and there should be prevention of moral hazards.

Strategic line 4: Strengthening intersectoral action to address the social determinants of health

The group felt that to understand the health situation with all its determinants there should be an intersectoral analysis. Both, policy makers and the population should participate of this process to gain more political support at governmental level either for health care financing and/or integrating other actors, like Ministries in the process.

There is a need for advocacy, first within the MoH for the high level officials to advocate at the Parliament. Also, social marketing strategies can be used to raise awareness among the population and different stakeholders.

Not much will be achieved or will be sustained if there is not a buy in for social determinants of health.

For monitoring any collaborative effort there is the need to set up a coordinating mechanism for making policy decisions as well as to link that mechanism to a structure that already exists at community level but has to be fully engaged. This cloud help the MoH to adapt its internal processes, both administrative and technical, as well as other ministries at policy level.

To achieve all what is proposed there should be a strong leadership of MoH to guide the way to universal health coverage. There may be the need to create a council which can take the lead and uses consultation sessions to create action. In many commissions already in place there should always be topic in their agendas related to how their decision have an impact in health. ("Health in all policies")

In all the changes proposed, it is important to get support from international stakeholders e.g. IDB or World Bank.

Final thoughts

The participants propose a fifth strategic line, that could be described as:

"Strategic line 5: Monitor and evaluate the progress of the implementation of the strategies"

This should help in standardizing the monitoring progress but also the comparison of progress obtained by countries in the region.

Even though it can be part of strategic line 2, it should be stressed that institutions should increase their capacity for evidence based decisions and research.