

# NATIONAL CONSULTATION ON UNIVERSAL HEALTH COVERAGE, JAMAICA

HELD JULY 15, 2014 AT THE JAMAICA PEGASUS

## I. Welcome

Participants were welcomed by Dr. Kevin Harvey, Acting Chief Medical Officer to this consultation on Universal Health Coverage (UHC). He stated that the core value of UHC was based on the principle that individuals have the right to health which they should enjoy without discrimination of any kind including economic considerations. This involved taking the necessary steps to remove the barriers to health care, promote better health seeking behaviour and approach service delivery in a holistic way from primary through to tertiary level of care. These efforts should be geared towards ensuring that access to a particular level of care is available to all Jamaicans.

He stressed the importance of reducing the prevalence of non-communicable diseases as they could adversely affect the productivity of the nation, resulting in the non-achievement of Vision 2030, Jamaica's Development Plan for a healthy and stable population. His view was that UHC would assist in the reduction of the disease burden, whereby every Jamaica would have equitable access to health through the life-course that is, from the womb to the tomb.

**II. Opening remarks by PAHO/WHO Country representative, Ms. Margaret Skold,** indicated that the purpose of the meeting which was jointly convened by the Ministry of Health, Jamaica and the Pan American Health Organization (PAHO) was to review and comment on the Draft Regional Strategy on Universal Health Coverage developed by PAHO. She quoted the Director of World Health Organization (WHO), Dr. Chang as saying that, "Universal health coverage is the most powerful, unifying, single context that public health has to offer because you can realize the dream and the aspiration of health for every person". She described UHC as a combination of complementary components: (1) that of access to quality service needed to achieve good health for every individual and for every community along with actions to address the determinants of health, and (2) the component of financial mechanisms involving regulations required to guarantee financial protection for those requiring such. In adding another concept, she offered the views of Dr. Carissa Etienne, Director, PAHO, that UHC embraced the respect of every individual in need of care.

Ms. Skold recognized the passion of the Government of Jamaica (through the Ministry of Health) in ensuring that people have access to health care of quality. Policies must take in account which services are offered, how much of the population was benefitting and who were not benefitting. She informed the group that both the World Health Organisation and the Pan American Health Organisation had a long-standing

commitment to equity and health and social justice. The UHC has been described as one of the 4 pillars of primary health care. The WHO Programme of Work and the PAHO's Strategic Plan support the advancement of UHC, which is seen as a leadership priority. These documents reinforce the links between health, social protection and economic policy.

She stressed that UHC is a unifying and overarching objective and that health is a fundamental right.

- III. Message via link from** Dr. Carissa Etienne, Director, PAHO. She agreed that all people of all experiences should have equitable access to quality health care throughout the life course without financial difficulty. She informed the group that most of the Regions of the Americas have achieved UHC, but this region was still the most inequitable region in the world. Many people still did not have access to healthcare and UHC is the means to achieve the availability of access. It is based on equity and solidarity. The countries of our region are committed to the value, principles and vision of UHC.

She charged the participants to consider not only problems and obstacles to achieving UHC but to find those solutions that would advance health systems. She enjoined the group that the concomitant efforts required to achieving UHC were long-term commitments and corroboration and cooperation of the entire population in the spirit of solidarity. Health for every man woman and child must be guaranteed.

- IV. Main Address** by the Honourable Minister of Health, Dr. the Honourable Fenton Ferguson. The Honourable Minister of Health applauded the continued support of PAHO to health care delivery system in Jamaica and the major role it played in the country. He guided the participants' attention towards the purpose of the consultation which spoke to a policy direction that in the next couple of years would help to define the Jamaican system of UHC. He spoke to the country's development agenda which was dependent on the health sector being able to provide quality acceptable service that would ensure good health-seeking behavior. He stated that health is a global, regional, national development issue. Without a healthy and productive population, the country's developmental goals cannot be met. The Health System would play a major role in ensuring that this goal is achieved and maintained.

He applauded the efforts of the system to maintain a healthy status in that for years Jamaica has been able to maintain health indicators in line with some developed countries. For example, the human development Index, in 2006 saw Jamaica ranking above the average life expectancy of developing countries. Our life expectancy is now 75 for females and 71.5 for males.

He stated that several steps have been taken towards UHC, in that several investments have been made and will continue to be made. He added that the Government of Jamaica believed that the most vulnerable Jamaican should not be required to pay out of pocket at point of services and as such the transformation of the health sector is in line with UHC goals. This process would not be completed overnight, as it is a journey not a destination. In this regard he encouraged the continuation of building systems of excellence in the health sector that would see the population having access to quality and affordable health care at all levels. This would impact poverty reduction efforts and help in the achievement of the National Development Goals outlined in Vision 2030.

He emphasized the importance of having a sustainable system of care and added that there was broad consensus around the definition of Universal Health Care. He underscored the World Health Organisation's views that UHC implied that "all people have access without discrimination, to nationally determined sets of the promotive, preventative, curative and rehabilitative basic health services needed, and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population."

**V. Presentation on PAHO Draft Strategy Document on Universal Health Coverage.**

This was presented by Mr. Jasper Barnett, Health Economist, Ministry of Health.

He described the Strategy as a road map to Universal Health Coverage. It involved four simultaneous and interdependent strategic lines as follows:

- Strategic line 1: Expanding equitable access to comprehensive, quality, people-and community-centred health services;
- Strategic line 2: Strengthening stewardship and governance.
- Strategic line 3: Increasing and improving financing, promoting, equity and efficiency, and eliminating out-of-pocket expenditure.
- Strategic line 4: Strengthening intersectoral action to address the social determinants of health.

## **VI. Revision of PAHO Draft Strategy Document on Universal Health Coverage**

The meeting was divided into four groups, each reviewing by given questions, one of the strategy lines of the Strategy for Universal Health Coverage presented in the Provisional Agenda of the 154<sup>th</sup> Session of the Executive Council of the PAHO in May 2014.

### **GROUP 1: EXPANDING EQUITABLE ACCESS TO COMPREHENSIVE, QUALITY, PEOPLE-AND COMMUNITY-CENTRED HEALTH SERVICES.**

- What is universal health coverage,
- What are the packages of services to be offered? You cannot be all things to all men. The package has to be clear, it is has to be defined down to the micro level in order to be able to offer the services promised.
- Expansion of access is dependent on epidemiological changes, country circumstances among others.

#### **GENERAL QUESTIONS FOR ALL GROUPS:**

1. WHAT IN YOUR VIEW IS THE MOST ESSENTIAL ASPECTS OF THE DOCUMENT?
  1. Right to health care (Section 26)
  2. Comprehensive health care (Section 26)
  3. Intersectoral approach (Section 29)
  4. Empowerment of the public (Section 31)
2. ARE THERE ASPECTS THAT ARE NOT ADDRESSED OR THAT SHOULD BE INCLUDED?

The document should be expansive to speak to the following particular areas:

- i. Public Health – Environmental health, Immunization, HE/HP, Nutrition.
- ii. Effective monitoring and evaluation
- iii. Gender issues- Total life cycle (not limited to women)
- iv. Risk management

#### **Specific Questions**

In order to advance UNIVERSAL HEALTH -COVERAGE what importance do you give to the following aspects?

- a. **Existence of an explicit and universally guaranteed package of services/benefits**
  - i. High importance
  - ii. Package should be clearly defined

- iii. Guided by consultation, evidence, finance and current epidemiological trends
- iv. Rid of power bias (political)

**b. A model of care structured around integrated health services networks**

- i. High importance
- ii. Must be integrated health care involving –primary to secondary to tertiary health care levels
- iii. Must be linked to other sectors
- iv. Investments in the centre of excellence – need to clearly defined. There are various notions of what a centre of excellence is supposed to be. What exactly are centres of excellence?

**c. A primary level of universal care with broad coverage and sufficient response capacity**

- i. UHC is not cheap, therefore the inputs need to be looked at critically, e.g. costs of human resources needed, costs of services to be offered
- ii. Competent, sufficient, and well distributed human resources
- iii. Driven by what it is the country can afford.
- iv. We should ensure that every citizen should have access in an equitable manner.

**d. Availability of essential medicines and other technologies.**

- i. Essential medicines should be clearly defined

b. In your opinion, what aspects should be promoted to expand equal and effective success to quality services, particularly for vulnerable groups to Jamaica? How would you address it?

- i. Strengthening of the primary health care by addressing the infrastructure, human resource capacity,
- ii. Marketing the PHC renewal and related facilities through mass/public Education
- iii. Strong referral system

c. What have been the experiences and/or most valuable lessons with regards to improving access to care?

- i. Even if the UHC package is defined it is not cheap;
- ii. Need for transparency and honesty – when we say we are offering free health what exactly do we mean?
- iii. Our clients need to understand and know what we mean.

- d. How could PAHO support Jamaica in this process? through -
1. Technical support - they have access to not only financial but other resources that we need to develop the framework in going forward
  2. Aid in development of cost effective medicine (they have access to reduced costs in our interventions, e.g. in procurement of vaccine)

## **GROUP 2: STRENGTHENING STEWARDSHIP AND GOVERNANCE.**

### **QUESTIONS:**

- a. What importance do you give to the following areas?
- Essential public health functions, with emphasis on management and leadership of the health authority.
  - Existence of a legal and regulatory framework, and control mechanisms and competencies.
  - Institutional capacity to design, implement and evaluate plans, policies, and strategies for the entire health sector.
  - Ability to generate social participation and accountability.
  - Existence of a sound information system for decisions in health.
- All the bullets are fully supported. However, we could add as a bullet: **“There should be emphasis on communicating these formal mechanisms to ensure dialogue and social participation”**;
- Leadership must not be ignored – with consideration to accountability.
- Although we need social participation, and in order for any of these mechanisms to succeed, strong leadership is required.
- The technical nuances of health require that we take the lead.
- i. In your view, are there aspects that could be strengthened in order to improve governance and leadership in the health sector in Jamaica?
- i. Technical leadership
  - ii. Communication and
  - iii. Quality

How would you address it?

Could provide possible oversight through:

- i. Special committees, e.g. at community councils on intersectoral issues such as, health, education, security, agriculture);
- ii. Local board of health

- iii. EPOCH model.
- b. What have been the experiences and/or most valuable lessons with regards to strengthening governance and leadership?
- i. Local and international partnerships may foster strengthening of governance and leadership.
  - ii. Political will and commitment are also essential e.g. the passing of the recent Tobacco Regulation.
- c. How could PAHO provide support in this area?
- i. Develop a monitoring tool to measure performance of member-states, as it relates to UHC.
  - ii. Provide support and resources for consultations;
  - iii. Ongoing workshops in rolling-out UHC.
  - iv. Consideration should be taken regarding the:
    - v. development of local expertise for the UHC initiatives – eg. Health Economists, M & E specialists, Health Technology Assessment
    - vi. support of the reorientation of the health sector (private and public) towards UHC.
    - vii. Provide mechanisms that will allow citizens’ feedback on UHC.
    - viii. Access to information must be a critical principle of UHC.

WHAT IN YOUR VIEW IS THE MOST ESSENTIAL ASPECTS OF THE DOCUMENT?

ARE THERE ASPECTS THAT ARE NOT ADDRESSED OR THAT SHOULD BE INCLUDED?

- i. **Section 32:**” We strongly support this section, particularly, line 4 - “...certain interests do not predominate over others...”, however, **‘there must be mechanism to strengthen minority representation’** should be added.
- ii. There should be emphasis on communicating these formal mechanisms to ensure dialogue and social participation. In essence, we need to have communication of the mechanisms in place, so that there can be adherence and effective implementation; thus bearing in mind that there is a code of consultation for Government which set out that Government should

consult with all its stakeholders. We've not been implementing that code and that is why we run into problems.

- iii. **Section 33:** Sentence #3 - Insert between the words 'Institute mechanisms' and 'for the participation of', "**to ensure accessibility of these policies, plans, and data**"
- iv. **Section 34:** In strengthening the stewardship capacity, we will need to also invest in human and material resources.
- v. **Section 35** is quite comprehensive and supported.
- vi. **Section 36** underscores the importance of our health information system. The words '**and quality**' should be added to the second sentence because there can be equitability of poor goods and services, hence quality would qualify the kind of service we want. Equity should be factored into our key indicators and targets as part of the stewardship and governance regime.

### **GROUP 3: INCREASING AND IMPROVING FINANCING, PROMOTING EQUITY AND EFFICIENCY, AND ELIMINATING OUT-OF-POCKET EXPENDITURE.**

#### **QUESTIONS:**

##### **a. What importance do you give to the following topics/areas**

These areas could be re-ordered as indicated

- 1. Increase in the public financing to health (2)
  - 2. Joint funds/pre-paid pool based on solidarity (1)
  - 3. Elimination of any type of direct payment at the point of service (elimination of economic barriers) (4)
  - 4. Improvement in the efficiency and quality of health expenditure (3)
    - i. Realistically look to Public-Private Partnership. Presently about J\$11b is spent out-of-pocket for health. How can we get that in a public pool to be able to adequately and equitably distribute or provide health care? We could put it in a national health insurance scheme.
    - ii. Increase Public financing – must be done incrementally.
- b. In your opinion, what are the key obstacles in Jamaica to increasing public health financing and eliminating direct payment at the point of service? How would you address it?
- i. Prevailing economic condition improved through:
    - 1. Increase productivity
    - 2. Achieve economic growth of greater than 5%
    - 3. Multi-sectoral approach



- ii. Large informal sector which are not captured in terms of taxes.
      - 1. Regulations
      - 2. Monitoring
    - iii. Policy decision – political will. Are we prepared to take a decision that will not be popular.
    - iv. Absence of a joint funds/pre-paid pool
    - v. Unwillingness to pay for health
    - vi. Inefficient tax system addressed through:
      - 1. Tax reform
      - 2. Widening of the tax net
- c. What have been the restrictions to achieve more health for money? What opportunities exist to improve the efficiency in the health system? What experiences are there in efficiency improvement?
  - 1. Restrictions to achieve more health for money:
    - i. Not getting value for money due to poor organization of health care system. There are duplications. We are not managing our resources.
    - ii. Inefficiencies;
    - iii. Resource constraints;
    - iv. Incentive programmes for health efficiency are not in place, e.g. human resources are concentrated in one area;
    - v. Policy decisions are slow;
    - vi. Primary care not fully developed - need to be strengthened in order to get value for money. We are more concentrating on curative aspect of our health care.
    - vii. Medical and health care measurements are not done regularly - Are we monitoring.
    - viii. Inefficiencies in technical leadership and health management – Do we have the necessary leaders and what systems are there to ensure succession planning?
  - 2. Opportunities to improve the efficiency in the health system
    - i. Set clear targets and objectives;
    - ii. Continue ongoing evaluation/monitoring of individuals, organizations and systems;
    - iii. Increase availability of training;
    - iv. Incentive programme to be implemented for health efficiency
    - v. Policy decisions need to be right

- vi. Allocative efficiency – allocated in such a way that where the needs are that is where the resources go.
- vii. Development of a comprehensive PHC system
- viii. Medical and health care measurements done regularly
- ix. Strengthening of technical leadership and health management
- x. Take lessons from other countries that are improving their health care financing system – look at best practices

d. What would you expect from PAHO technical cooperation?

- 1. Assistance in developing health financing models relevant to Jamaica
- 2. Training in health management and leadership
- 3. Technical staff training
- 4. Technical support – e.g. health technology advancement

GENERAL QUESTIONS:

WHAT IN YOUR VIEW IS THE MOST ESSENTIAL ASPECTS OF THE DOCUMENT?

- Joint Funds/Prepaid

ARE THERE ASPECTS THAT ARE NOT ADDRESSED OR THAT SHOULD BE INCLUDED?

- Targets and ongoing measurements of health outcomes
- Monitoring and evaluation
- Section 37, line 2 between “necessary” and “though”, kindly insert “**benchmark**”.

#### **GROUP 4: STRENGTHENING INTERSECTORAL ACTION TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH**

**Background – definition of the main terminologies:**

- Intersectoral collaboration must include local government entities to ensure that everyone is at the table
- Social determinants involve: - housing, unplanned settlements, overcrowding, urban growth, sanitation, unemployment, education, migration

## QUESTIONS:

- a. What importance do you give to the following areas/topics?
  - Ability of the health sector to exercise leadership and act jointly with other sectors in addressing the social determinants of health:
    - i. The health sector's role is not to take over but to participate and monitor where the other leading sectors are, especially using the Vision 2030 (actions and goals that relate to social determinants)
    - ii. Whole of government/society approach is an opportunity to establish leadership – important for efficiency resource use and effectiveness
    - iii. Important to communicate the importance of health involvement in impacting social determinants in health –using the right language in relation to the different sectors
  - Existence of OTHER social policies and protection programs
    - i. Important – any policy should be rights based, gender sensitive and allow equity
      - Policies must exist on macro and micro level and are in all agencies
      - Programmes must benefit the most vulnerable
    - ii. These policies already exist: - PATH, social justice programme, JADEP, Vision 2030, Education : way upward- free primary and secondary education
    - iii. Whatever policy is on the table we should examine the health aspect of it.
- b. Which aspects could be strengthened to strengthen the capacity to act on the social determinants in Jamaica? How would you address it?
  - i. Policy development should be bottom-up and not top down and vice versa; should be both ways.
  - ii. Communication to be strengthened to speak the language of other sectors
  - iii. Understanding the dynamics between the political sector leaders and technical workers – know how to engage our leaders to ensure that our public health agenda is given the needed attention.
  - iv. Leadership at the community level e.g. research, faith-based leaders, taxi drivers
  - v. Need to go backward before we go forward, e.g. look at Alma Ata Declaration and how would this support social determinants.

- c. What have been the experiences and/or key lessons in addressing or impacting social determinants of health?
  - i. Violence and injuries prevention-working closely with Ministry of Security and Justice – providing leadership and strengthen their leadership
  - ii. Community participation is critical.
  
- d. What would you expect from PAHO/ technical cooperation?
  1. Specific to country's needs e.g. PAHO Advisor on health promotion, environmental health, social sector specialist
  2. Opportunities for staff and community leadership training
  3. More opportunities to share experiences
    - Highlight best practices
    - Community participation
    - Holistic programmes
    - Social marketing
    - Technical support

## GENERAL QUESTIONS

### WHAT IN YOUR VIEW IS THE MOST ESSENTIAL ASPECTS OF THE DOCUMENT?

- Sequential approach to situational analysis
- Definition was clear
- Linking universal coverage to the strategies-document is interconnected
- Documents provided the lay-out of how to achieve UHC and go beyond the health sector

### ARE THERE ASPECTS THAT ARE NOT ADDRESSED OR THAT SHOULD BE INCLUDED?

- i. Language to be simplified, the lay person may be able to understand the language, e.g. whole-of-government
- ii. Linkages between the different strategies
- iii. Ensuring that it is a best fit for all countries – developing and developed countries should be highlighted earlier in the document
- iv. Importance of information from grass roots.

## OPEN FLOOR DISCUSSIONS AND SUMMARIES

The following recommendations/suggestions/issues were raised:

- Consideration must be given to the development of an **Assessment Tool** to evaluate or measure the progress of the strategy;
- A **Time Line** should be set for rolling-out of the strategy. This will assist in motivating the policy-makers to act accordingly.
- A **Situational Analysis** is required to record the current happenings at the health facilities, e.g. how persons are leaving without getting any care?
- There needs to be a **clear mandate** at the level of care as to what is required to be achieved at a particular time without upsetting the political agenda at any time.
- We need to **involve our Regional partners** in the discussion and consultation.
- **Concept of UHC must be enshrined in the psychic** of all stakeholders (at the public and private sector) so that everyone will understand what their role is in the process.
- How will the policy be **sustained**. What do we need to cut back on?
- The strategy needs to be packaged in way that the **benefits and returns** are identified to allay the fears of financiers of such schemes as pension schemes in light of the long life expectancy.
- **Communication strategy** is critical. Individuals should be encouraged to include health as part of general life.
- There needs to be a **re-branding** of health care services in that it is understand that “it is health for all”, which could involve a **tag-line** to get the message across.