

Meeting Report

Technical Consultation on Achieving Universal Health Coverage on the Journey towards Healthy Islands in the Pacific



21–23 March 2017
Suva, Fiji



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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

TECHNICAL CONSULTATION ON UNIVERSAL HEALTH COVERAGE
ON THE JOURNEY TOWARDS HEALTHY ISLANDS IN THE PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
DIVISION OF PACIFIC TECHNICAL SUPPORT

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NOTE

The views expressed in this report are those of the participants of the Technical Consultation on Universal Health Coverage on the Journey towards Healthy Islands in the Pacific and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Division of Pacific Technical Support and for those who participated in the Technical Consultation on Universal Health Coverage on the Journey towards Healthy Islands in the Pacific in Suva, Fiji from 21 to 23 March 2017.

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Keywords:

Health services accessibility / Universal coverage / Delivery of health care / Pacific islands

SUMMARY

Universal health coverage (UHC) is based on the principle that all individuals and communities should have access to quality essential health services without suffering financial hardship and is a major part of the Sustainable Development Goals (SDGs) agenda. Pacific health ministers have been committed to the Healthy Islands vision since 1995. The vision emphasizes the importance of health service delivery to ensuring that children and adults can grow, learn, play and age with dignity. Combined with a focus upon the community, the Healthy Islands approach has strong links to the notion of health services for all, or UHC. The consultation was convened in Suva, Fiji from 21 to 23 March 2017.

It was recognized that the most effective, equitable and efficient route to UHC in the Pacific is to get it right at the lowest and most accessible level that serves the majority of Pacific islanders. Good primary health care (PHC) that integrates the delivery of essential public health and clinical services at both the facility and community levels should be the triggering point for change. UHC with a focus on PHC should improve health outcomes in the long term and the performance of health systems in the short term. This could be achievable in some context through reallocation and better use of existing resources.

1. INTRODUCTION

1.1 Meeting organization

The Technical Consultation on Universal Health Coverage on the Journey towards Healthy Islands in the Pacific was convened in Suva, Fiji from 21 to 23 March 2017. The three-day meeting covered an overview of universal health coverage (UHC) in the Pacific, countries' stories on challenges and successes, group work to explore gaps and root causes, and a plenary session to concretize key recommendations and revise the draft document.

1.2 Meeting objectives

The objectives of the meeting were:

- (1) to share evidence and discuss successful examples of health systems strengthening and health systems performance improvement in the Pacific region and explore why there have been differences in performance between and within countries and between periods;
- (2) to discuss the current gaps, especially in health services delivery including public health approaches, that need to be addressed to achieve UHC and the Healthy Islands vision and analyse the root causes of the gaps;
- (3) to discuss and make key recommendations on how the vision of Healthy Islands, the goal of UHC and the recently developed Healthy Islands monitoring indicators can be supported as a unifying force across various stakeholders and through all levels of the Pacific health systems; and
- (4) to build consensus towards finalizing a technical document titled “UHC on the Journey towards Healthy Islands in the Pacific”, which will be reviewed during the Heads of Health Meeting in April 2017 and presented at the Pacific Health Ministers Meeting in August 2017.

2. PROCEEDINGS

2.1 Overview of the draft document “UHC on the journey towards Healthy Islands in the Pacific”

In this session, two facilitators, Dr Kunhee Park and Ms Katherine Gilbert, presented an overview of the draft document “UHC on the journey towards Healthy Islands in the Pacific”. The overview began with a review of the key concepts of the vision of Healthy Islands and UHC. Then, selected UHC-related indicators in the Pacific were presented. Ms Gilbert gave an overview of challenges and success stories in making progress towards UHC in the Pacific. Three cross-cutting and interrelated implementation challenges were:

- (1) using the right health services delivery models at the primary health care (PHC) level, with a particular focus on integration of both public health and clinical services, and improving coverage of NCD services;
- (2) increasing the share of resources allocated to lower-level health facilities and community-based services for PHC; and
- (3) improving managerial, administration or supervisory capacity to ensure that resources reach lower-level health facilities.

2.2 Challenges and opportunities from the countries

Dr Tenneth Dalipanda, Permanent Secretary of Health and Medical Services of Solomon Islands, delivered a presentation on the Role Delineation Policy (RDP) in Solomon Islands. The RDP defines the range and level of services to be delivered at each level of health facility. It was discussed how the new RDP had driven the new national health strategic plan 2016–2020 by refining the roles and capabilities of health facilities and health workers at each level. Strong government commitment and

support from development partners enabled the RDP development and reform. The Government is aware of the incoming 96 medical graduates from Cuba who will be a major addition to the workforce and will help sustain health systems in the periphery.

Secondly, Salausa Dr John Ah Ching presented on revitalizing PHC in the context of Samoa. He emphasized PHC as a starting point to achieve UHC in Samoa. The most significant element of PHC in Samoa is community participation. The country has had a long history with its women’s health and hygiene committees. These civil society organizations have helped district nurses and health inspectors stretch the service coverage. Recently, a number of initiatives have been conducted to revitalize PHC, including the village health fair in 2010, PHC pilot study in 2012 and PEN Fa’a Samoa (PEN the Samoan way), applying WHO’s Package of Essential Noncommunicable Disease Interventions (PEN).

Thirdly, Dr Greg Dever presented on health workforce development in the Northern Pacific countries. Various regional activities for health workforce development have been introduced, including producing a new health workforce, providing career ladders and bridging training programmes, developing overall human resource for health planning, and partnering with local institutions.

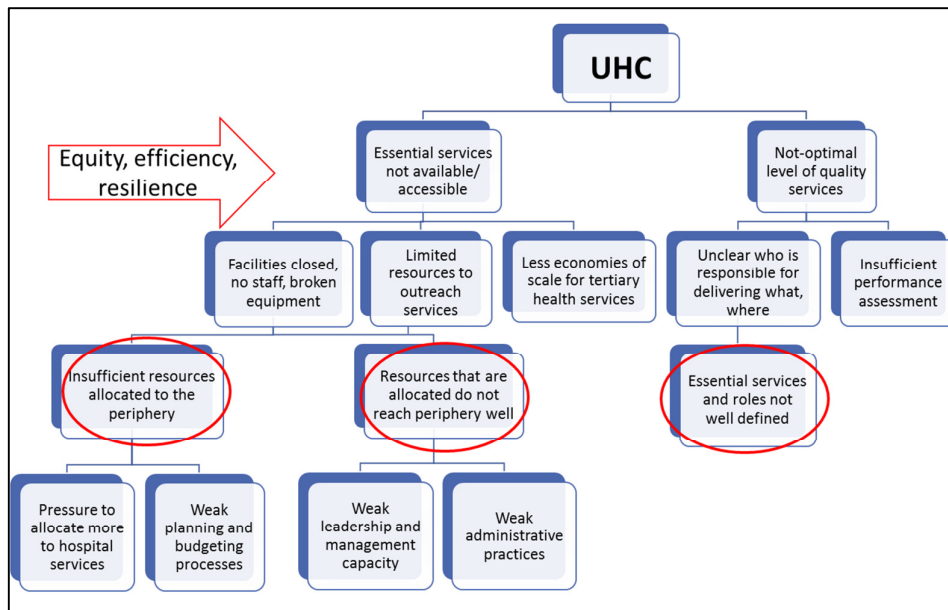
2.3 Gaps and root causes

In this session, Ms Gilbert facilitated the plenary discussion to explore gaps and root causes of challenges in implementing UHC. The preliminary problem tree of implementation challenges was presented at the meeting and was further modified by participants. The updated problem tree is shown in Fig. 1.

2.4 Key recommendations

After exploring gaps and root causes as well as promising practices from countries, all participants were invited to write three key recommendations to overcome these implementation challenges. The focus was how to revitalize PHC in the Pacific as a triggering point to achieve UHC. The submitted recommendations were classified as four main categories: (1) political will, (2) planning and resource allocation, (3) health service delivery model, and (4) health workforce development.

Fig. 1. Problem tree of implementation challenges



2.5 Concretizing the recommendations

Based on the four main categories, the participants convened group discussions to develop more refined and practical recommendations. Then, the results from group discussions were shared in the plenary session. The refined recommendations are presented in Annex 3.

2.6 Revising the draft document

Ms Gilbert provided an overview of the revised points of the technical document. Participants commented that:

- the document needs to further elaborate the relationships among the Sustainable Development Goals (SDGs), Healthy Islands, UHC and PHC;
- the document needs to be more consistent in terms of challenges identified, promising practices recognized and recommendations; and
- the document needs to have a good balance between prescriptive and descriptive recommendations.

2.7 Side discussion 1: “Islandness” and health on Islands

Dr Donald Matheson gave a presentation exploring how the island context influences health and health systems in general. He discussed the characteristics of “Islandness” such as geography, remoteness, community connections, ethnic diversity and a sense of belonging to the environment. He highlighted challenges that included small population size, inequalities and economic challenges. Then, key figures of island health systems were reviewed. These included publicly funded services, dis-economies of scale, under-resourced systems, brain drain, reliance on imported technologies (e.g. medicines) and tertiary care provided outside its borders. Lastly, Dr Matheson shared a few success stories in valuing “Islandness” in health systems that addressed island-specific challenges with tailored solutions and the principle of leaving no one behind.

2.8 Side discussion 2: Regional public goods

Ms Beth Slatyer presented on how regional public goods contribute to UHC in the Pacific. She gave examples of the Pacific regional public goods such as surveillance systems, higher education, help desk for users of the health information systems, bulk procurement, technical assistance for quality assurance and shared health professional education standards. She also highlighted that regional services and standards need to be supported by regional policies, managed by countries collectively, and accountable to countries individually and collectively. She concluded that these proposed actions should not replace national health services but should support and complement them.

2.9 Side discussion 3: Climate change as political opportunities

Dr Chang-yup Kim delivered a presentation on exploring the political opportunities of climate change to Pacific countries, which are disproportionately affected by climate change. Since all nations are responsible for climate change and the impact of climate change extends beyond borders, the paradigm of international cooperation could be shifted from donating and receiving to sharing responsibility. He spoke on how climate change has driven the global dialogue on health systems strengthening to “climate-resilient” health systems. Participants explored possibilities for global politics that can support health systems development in small island states in relation to climate change.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The consultation in Suva, Fiji from 21 to 23 March 2017 was held with 20 participants including technical advisors, the WHO Secretariat and observers. Participants were able to share and discuss: the linkage between the vision of Healthy Islands, UHC and PHC; current progress towards UHC in the Pacific; gaps and root causes of implementation challenges; and recommendations for making progress towards UHC in the region. Participants reviewed successful examples of health systems strengthening in the region and explored why there have been differences in performance between and within countries and between periods. The opportunities and challenges of achieving UHC, building on both country and development partner experience to date were discussed.

3.2 Recommendations

3.2.1 Recommendations for Member States

- (1) Pacific Heads of Health (HoH) are encouraged to review the revised technical document “UHC on the Journey towards Healthy Islands in the Pacific” in the HoH meeting on 25 April 2017, especially to provide further input to recommendations of the document, which will be presented to the Pacific Health Ministers Meeting in August 2017.

3.2.2 Recommendations for WHO

WHO is requested to do the following:

- (1) to revise the technical document and present the revised version to the Pacific HoH meeting on 25 April 2017; and
- (2) based on the comments of the HoH meeting, to facilitate further revision of the technical document and submit it to the Pacific Health Ministers Meeting in August 2017.

ANNEX 1. List of participants

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ANNEX 2. Meeting programme

21 March 2017 (Tuesday)

Time	Topic	Speaker/Facilitator
8:00 - 8:20	Registration and greetings	Secretariat
8:20 - 8:30	Opening remarks	Dr Corinne Capuano
8:30 - 10:00	Session 1: Overview of the draft document on UHC on the journey towards Healthy Islands in the Pacific	Dr Kunhee Park Ms Katherine Gilbert
10:20 - 12:00	Session 2: Stories (challenges and opportunities) from the countries	Dr Tenneth Dalipanda (Solomon Islands) Dr John Ah Ching (Samoa) Dr Greg Dever (Northern Pacific countries)
13:00 - 14:00	Side discussion: Islandness and health on Islands	D. Donald Matheson
14:00 - 15:10	Session 3: Gaps and root causes	Dr Kunhee Park Ms Katherine Gilbert
15:30 - 16:30	Session 4: Key recommendations	

22 March 2017 (Wednesday)

Time	Topic	Speaker/Facilitator
8:20 - 10:00	Session 5: Concretizing the recommendations	Dr Kunhee Park Ms Katherine Gilbert
10:20 - 12:00	Continued session 5	
13:00 - 14:00	Continued session 5	
14:40 - 15:30	Side discussion: Regional public goods	Ms Beth Slatyer
15:30 - 16:50	Continued session 5	Dr Kunhee Park Ms Katherine Gilbert

23 March 2017 (Thursday)

Time	Topic	Speaker/Facilitator
8:20 - 10:00	Session 6: Revising the draft document	Dr Kunhee Park Ms Katherine Gilbert
10:20 - 12:00	Continued session 6	
13:00 - 14:20	Side discussion: Climate change as political opportunities	Dr Chang-yup Kim
14:40 - 16:00	Conclusions and next steps	

ANNEX 3. Revised recommendations after the technical consultation

Governments may consider:

1. Strengthen, demonstrate and sustain political will for action
 - 1.1 Build will for change by ensuring that everyone – including politicians, MOH staff and citizens - understand why and how their own country will improve health service delivery to achieve UHC and Healthy Islands and what that will mean for them (MOH).
 - 1.2 Demonstrate commitment to action through greater transparency on health system performance and resource allocation (MOH)
 - Widely disseminate information about system performance, such as core performance indicators and resource allocation data, through appropriate fora (facility noticeboards, newspapers, MOH website, or social media)
 - Support civil society organizations and communities to engage in health sector debate
 - 1.3 Institutionalise accountability for action and change within government through parliamentary mechanisms, for example: by forming a parliamentary committee with respect to Healthy Islands/ UHC or holding an annual debate and applying whole-of-society and whole-of-government approaches (MOH, Cabinet, parliamentarians)
2. Determine right services and the right model to achieve UHC
 - 2.1 Strengthen PHC as a trigger for change (MOH)
 - Define an evidenced informed costed package of PHC services to be delivered by health facilities or direct to communities, considering community needs based on existing epidemiological and demographic knowledge
 - Ensure facilities are accessible, equipped and supported to deliver their part of the service package with improved access to medicines and health technologies
 - Support micro planning, with community participation, for service delivery at the subnational level (e.g. districts or zones)
 - Promote community engagement in health promotion and health services delivery
 - 2.2 Attract and maintain right staff in right place with right skill-mix (MOH and Public Service Commissions (PSC))
 - Develop workforce profiles and job descriptions based on service package and delivery model
 - Build attractive career pathways, with associated incentives and educational opportunities, for frontline doctors and nurses, and the community based public health workforce, especially in rural and remote areas
 - Ensure public health training is given due recognition by government
 - 2.3 Monitor health system performance using health information system (MOH)
 - Define the performance assessment indicators for each level of health services delivery as per country's context (Healthy Islands monitoring framework and the regional UHC monitoring framework to be a part of references)
 - Use regular reporting and feedback to sub-national level and facilities based on the performance assessment indicators to improve service management
 - Develop continuous quality improvement plan based on the performance assessment and appropriate supervision (use information for actions and decisions)

- 2.4 Improve optimal resource use in secondary and tertiary cares (MOH, MOF)
- Ensure secondary and tertiary facilities operate efficiently and effectively to do better with existing resources including use of clinical guidelines and health technology assessment
 - Review and refine referral systems and guidelines (at all levels) so that clinical need and equity determine access to higher level services
3. Plan and budget resources for UHC
- 3.1 Create a fit for purpose financial management system to get resources to lowest levels of the system (MOH, MOF, sub-national governments)
- Clarify and streamline delegation of planning, budgeting and authorization of expenditure
 - Consider moving towards a results based budget, linking allocations to service delivery
 - Advocate for management flexibility for reallocation, with appropriate controls
- 3.2 Based on the national health strategic plan, the essential service package and associated service delivery model, develop one health sector annual plan and one budget (MOH, MOF, PSC, sub-national governments)
- Build capacity (especially for both sub-national and public health program managers) to make the operational planning and budgeting system work through proper tools, guidance and mentoring
 - Create a participatory annual operational planning and budgeting process that will get resources to PHC
 - Ensure that allocation of staffing from PSC supports the MOH medium term and annual plans
 - Conduct an annual review of the previous annual operational plan and budget based on performance assessment reports from national, sub-national or health facility levels and publish the review
 - As part of the review, identify potential efficiency saving and equity improving measures across the system such as programme integration and quality improvement
4. Strengthen health workforce management
- 4.1. Strengthen health workforce management system (MOH and PSC)
- Review current situation of health workforce management (how it works)
 - Develop (or review) health workforce development plan and identify implementation issues
 - Maintain a health workforce information system including location, retiring, vacancy, retention and attrition
 - Review the job descriptions of expected retirees and vacancies, and take advantage for update and change
 - Develop incentives for recruitment and retention in remote area and lower levels
- 4.2 Implement management/leadership training and development (MOH and academia)
- Implement health service management training (including workforce management, finance, IT, procurement and supply chain management, quality assurance, community relations) by both short-term and formal trainings (regional and national levels)
 - Introduce coaching and mentoring for all managers within the MOH
 - Select appropriate courses or educational processes (e.g.: learning sets) for senior leadership and consider how the Heads of Health meeting and the Director of Clinical Services Meeting can be utilized as fora for mutual learning
- 4.3 Improve continuing professional development (CPD) (MOH and PSC)
- Develop stronger regulatory licensing mechanism linked to monitoring the implementation of CPD for health workers

- Ensure that development partners progressively utilise national accredited training providers to deliver any courses that they fund
- Better utilize existing mechanisms such as Pacific Open Learning Health Net, scholarships and fellowship opportunities to meet individual and health system competency needs

Development partners may consider:

- Work with government counterparts collectively on strengthening PHC as a starting point for change and monitoring the implementation by using existing health information system
- Align with not only national health strategic plans but also the annual operational planning process by being on plan and on budget, as well as on system to the extent possible
- Align support with the service delivery model and the essential service packages developed by the government, including supporting and building the capacity in health financing and the costing of service delivery models
- With government counterparts, advocate more investment to PHC and health workforce development in the Pacific

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