

Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

Strengthening Primary Health Care as a vehicle for advancing Universal Health Coverage

At a glance

- High level political commitment to revitalizing Primary Health Care (PHC) as a vehicle to achieve Universal Health Coverage (UHC) in Pacific Island Countries and Territories (PICTs) has not yet translated to the PICTs' optimal operationalisation of appropriate service models that support integrated, 'people centred' PHC with much attention to preventive and promotive services at the community level.
- To adequately meet the dynamic needs of communities in the rapidly changing social, economic, and epidemiological context in PICTs such as health impact of climate change, double burdens of communicable and non-communicable diseases (NCDs), and emergence of new infectious diseases, the way which PHC systems are designed, funded, managed, and delivered, needs to be reformed with a major shift of focus from 'treating ill health' to 'maintaining well-being'.
- Many PICTs have strengthened policy framework to revitalize PHC, including development / update of role delineation policies and essential service packages at both facility and community levels in this emerging context. However, those policies are sometimes too ambitious for implementation due to human and financial resource constraints.
- PICTs are urged to review, update, and cost the role delineation policies and service packages, making them more realistic based on the available resources, and operationalise them, including through: i) strengthening linkages between national and sub-national governance; ii) integration of vertical programmes; and iii) empowering sub-national health management teams with strengthened support to frontline service providers and communities.
- There is also an urgent call for review and action to increase funding allocation for PHC from both governments and donors to create the enabling environment for strengthening PHC with special focus on service readiness, quality, community outreach and engagement.

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Current situation

The predominantly publicly financed and delivered health systems in most PICTs have historically provided relatively good access to PHC; however, deterioration has been reported in some contexts where patients often bypass PHC facilities for tertiary care due to the weak PHC infrastructure and quality concerns. The mean level of UHC index of essential service coverage score (based on tracer interventions that include sexual, reproductive, maternal, new born and child health, infectious diseases, NCDs and service capacity and access) in PICTs is also lower than the average for low- and middle-income countries (LMICs).

In this context, at the 5th Pacific Heads of Health Meeting in 2017, there was a recognition that PHC “has been neglected for years in the region and yet increasingly is considered an important starting point for UHC”. In the 7th Pacific Heads of Health Meeting in 2018, importance of strengthening PHC systems was acknowledged again and the need for political will for health sector reform was discussed, which culminated in the Health Ministers’ commitment to “strengthening PHC as the key delivery strategy for UHC in the Pacific” in the 13th Pacific Health Ministers Meeting in 2019. The Health Ministers further committed to the integration of “effective mechanism for addressing NCDs and health security and building climate-resilient health systems, communities and infrastructure” into PHC system; continued efforts to define and implement the right service model for UHC; advocacy for inter-sectoral collaboration to strengthen PHC; and raising awareness of and increasing the health literacy of whole society. These are in line with the vision for PHC in the 21st century coming out of the Astana Global Conference in 2018.

In many PICTs, high-level political commitments were cascaded down to the national health strategic plans and other policy documents which reflect those principles. While the significant disruptive effect of COVID-19 stalled the further progress in the health sector reform process, the lessons from the COVID-19 pandemic on the centrality of PHC as part of preparedness for and response to public health emergencies also present an opportunity to significantly accelerate the PICTs efforts and mobilize partners support to redesign and operationalize the integrated, people-centred’ PHC systems that fully integrate UHC and health security agenda.

Future vision

Strengthening PHC is central to the achievement of UHC and the ‘Healthy Pacific’ vision¹. In the next decade, it is envisaged that each PICT will reform its health sector to:

¹ ‘a place where children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; where ecological balance is a source of pride; and where the ocean is protected’

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- 1) Reorient services toward PHC to meet the emerging needs such as mental health and NCDs, with greater attention to high-impact preventive and promotive interventions, through an evidence-based and pragmatic approach to the selection of an aspirational but realistic priority package and set of delivery modalities. Rural access challenges necessitate the enhanced delivery of services at close proximity to people through effective community outreach and optimal use of community-based health workforce, as well as the maximum integration of services and information at a single visit to a health facility, with appropriate follow up through the continuum of care. Clear referral pathway to secondary and tertiary care with adoption of a hub and spoke model within the country and the Pacific region including through use of complementary digital technology.
- 2) Enhance community engagement mechanisms and linkage between service providers and communities, which will form the basis of quality-of-care improvement, participatory planning, social and behaviour change, social accountability, and women's empowerment. This means the paradigm shift of the community engagement approach from 'information provision and community awareness raising' to 'citizen participation for planning and monitoring health services and channelling the voice of service users' so that individuals, families and communities are empowered to optimize their health, as advocates of policies that promote and protect health and well-being, as codevelopers of health and social services, and as self-carers and caregivers.
- 3) Empower sub-national health management teams through investing in capacity development for planning, management, and leadership to organize and deliver PHC services. This includes maximizing the use of data for decision making and establishing governance and accountability mechanism, with greater capacity to support PHC service providers in improving quality of care and stronger feedback loop between sub-national and national levels.

Examples of recent progress

The commitment to strengthening PHC as a vehicle to achieve UHC is reflected in the national health strategic plans (NHSPs) and other relevant policies in many of the PICTs. The delineation of packages of services to meet health care needs at the various levels of the health system, as well as defining the number and right skills mix of health care workers, supplies and equipment needs to deliver those services, has also been reviewed and updated in many PICTs.

For example, Cook Islands PHC Development Strategy 2021, for example, emphasises the importance of an evidence-based approach to efficient investment, alignment with National Sustainable Development Plan goals, and adequate resource allocation to fund the operation of any new services as well as adequate numbers of health workers in the appropriate cadres to deliver those services.

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The Kiribati NHSP refers to strengthening community based and outreach maternal and child health (MCH) services, and the Vanuatu plan also refers to integrated outreach. The Solomon Islands NHSP sets out a future role for frontline health workers in engaging with their communities, and delivering services door to door, once increased staffing, is available. All three countries also piloted the health system strengthening interventions at sub-national level, through reorganisation and enhancement of provincial governance mechanisms with particular focus on improving the managerial, administration and supervisory capacity of the sub-national health management teams, including on use of data to steward the PHC system, and to enhance a level of flexibility in planning and resource allocation while increasing responsiveness to local needs. This also included institutionalisation of integrated supportive supervision to PHC facilities for quality-of-care improvement, and introduction of systematic 'community engagement' approach tailored to the country needs.

Solomon Islands further launched National Healthy Settings Policy and implementation guidelines to operationalize the concept of 'healthy settings' committed as part of Yanuca Island Declaration 1995. In Kiribati, the Ministry of Health, under the leadership of Minister, is exploring to develop a family-centred, community-based PHC model with outreach and home visits, following the model that New Zealand 'Plunket' nurses provide for children, and tailored to Kiribati context.

Tonga developed a Package of Essential Health Services (PEHS) which mainstreams NCD management into PHC and promotes a lifecycle approach to NCD prevention via the inclusion of 'First 1000 days' components.

With support from WHO, an analysis was conducted to understand the key challenges concerning PHC system performance in Fiji in 2022-2023. The analysis provided related evidence to explore possible challenges for further improving PHC in Fiji and provide opportunities to further discuss how to improve PHC system development based on the country context. Through this analysis, possible further policy, and practicable options might be generated to allow country and other partners to work together to explore a practical way to improve PHC in specific country context. WHO is also working with other PICs to explore related opportunities to further accelerating PHC based on country context and health system development situation.

Why urgent action is needed now

The high and growing burden of NCDs and their risk factors in the PICTs suggests an inadequate focus on prevention and early detection, which is the cornerstone of PHC-focused approaches. The disruption caused by COVID-19 pandemic on routine child immunization services in many PICTs is threatening the gains made in the control of vaccine-preventable diseases (VPDs) for the past two decades. For example, 13 out of 18 PICTs missed the 95%

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target for the first dose of the measles-containing vaccine in 2021. The second dose coverage² is alarmingly low in multiple countries (38% in FSM, 40% in Solomon Islands, 50% in Samoa, 58% in Kiribati, and Marshall Islands), while Vanuatu is only introducing the second dose of measles-containing vaccines in its routine system in 2023. Vaccination against Human Papillomavirus (HPV) and screening and treatment of pre-cancer lesions is a cost-effective way to prevent cervical cancer, which is the second most prevalent form of cancer affecting women. However, HPV vaccination coverage is still low in many PICTs and some countries are only introducing now. Unmet need for modern contraceptives continues to be a problem with less than half of demand for family planning satisfied with a modern contraceptive method in many of the PICTs, while broader sexual and reproductive (SRH) is a core pillar of promoting a healthy society and UHC.

On the other hand, health service delivery costs have increased due to demographic and epidemiological transition largely associated with the burden of NCDs, alongside non-communicable and sexual, reproductive, maternal, neonatal, child and adolescent health and nutritional services, emergence and spread of new infectious diseases, and health impact of climate change. Additionally, vertical programs have driven system inefficiencies. While most of the PICTs lack precise data on breakdown analysis of budget allocation for PHC, the bulk of health spending and resource allocation believes to be concentrated in curative care particularly at secondary and tertiary levels and preventive health care including for NCDs remains under-funded. This results in the suboptimal coverage of preventive and promotive services and poor service readiness and quality at PHC level due to the lack of infrastructure, skilled health workers, medicines and equipment. This represents health system inefficiency as preventive, promotive and basic curative services typically provided at PHC level are cost-saving interventions. For example, the estimated return on investment for each US\$1 invested in NCD prevention through promoting healthy diets is \$11.93³.

This, along with the momentum created by the lessons from the COVID-19 pandemic on the centrality of PHC provides a strong rationale for PICTs to accelerate the health sector reform process in redesigning the resilient, sustainable, efficient, effective, and equitable PHC systems that are 'fit for purpose'.

Recommendations to be considered by the Heads of Health

Recommendations for governments

1. Those countries which have not reviewed their role delineation policies and essential service package recently based on the rapidly changing context, are recommended to update them to incorporate appropriate and realistic service models that support integrated, 'people-centred' PHC with much attention to preventive and promotive

² WHO UNICEF Immunization Coverage Estimates, WUENIC 2021

³ WHO (2021), 'Saving lives, spending less: the case for investing in noncommunicable diseases'

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services at the community level. Costing them is also important to understand the political, human resource, and economic investments needed to operationalize them.

2. Identify and address country-specific implementation bottlenecks to full operationalization of the role delineation policies and essential service package, including service readiness and quality, while strengthening community engagement and social accountability. Strengthen linkages between national and sub-national governance, while further integrating vertical programmes. Where relevant, consider advancing decentralization and empowering sub-national health systems with involvement of local or provincial authorities directly responsible for delivery of PHC services.
3. Identify implementation bottlenecks which can be better addressed collectively through regional innovative solutions, such as digitally enabled hub and spoke model for highly specialised services, and pooling supply chain.
4. Treat PHC as an investment, not a cost, to build resilience into the foundation of the health system and improve health outcomes for all. Prioritize public financing for PHC and reform strategic purchasing to incentivize population health and primary care services.

Recommendations for development partners

1. Continue providing financial support to address implementation bottlenecks for PHC strengthening in full alignment with national priorities and implementation capacity in each of the PICTs. This will include prioritising the investment in integrated PHC systems, shifting away from financing for vertical programmes.
2. Provide technical assistance to PICTs in PHC reform process, while ensuring the leadership and ownership of the PICT governments.