Strengthening Universal Health Coverage to Reduce the Burden of Chronic Diseases

Dr. Karen Sealey
9th Caribbean Health Financing Conference
Tobago, 4-6 November 2014
Outline

- NCD as Development Issue – quick reminder
- Principles of UHC
- NCD Burden in the Caribbean - a snapshot
- NCD & UHC Challenges in Caribbean context
- Proposals for regional action
Sustainable Development is more than about the environment
• Health is an end of Human Development

• Health is an instrument of Human Development

• Health is one component of the social strand: (health, education, political freedom etc.)

NCDs can make human development unsustainable through negative impact on health as well as on the three strands of the helix
NCDs on sustainability strands

Note also the reverse causality
“UHC is the single most powerful concept that public health has to offer...the umbrella concept that demands solutions to the biggest problems facing health systems...”

– Dr. Margaret Chan, WHO, May 2012
Three dimensions of UHC

Towards universal coverage

- Population: who is covered?
- Financial protection: what do people have to pay out-of-pocket?
- Services: which services are covered?

Coverage mechanisms:

- Reduce cost sharing and fees
- Include other services
- Extend to non-covered
UNIVERSAL HEALTH COVERAGE

All people should have access, without discrimination, to,

...nationally determined sets of the needed promotive, preventive, curative and rehabilitative basic health services

...essential, safe, affordable, effective and quality medicines.

At the same time, it must be ensured that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor and populations living in vulnerable situations

WHO NCD GAP, 2013-20
Sustainable Development Goals and Targets*

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.4 ...reduce by one third premature mortality from non-communicable diseases through prevention and treatment ...

3.5 Strengthen the prevention and treatment of harmful use of alcohol

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.a Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate

3.b ...provide access to affordable essential medicines and vaccines, ...and, in particular, provide access to medicines for all

3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

*Report of the Open Working Group of the General Assembly on Sustainable Development Goals A/68/970
Prevalence (%) of diabetes among adults in the Americas

- Barbados: 16.4%
- Trinidad/Tobago: 12.7%
- Jamaica: 12.6%
- Belize: 12.4%
- Cuba: 11.8%
- Mexico: 10.7%
- USA: 9.3%
- Nicaragua: 9%
- Suriname: 8.7%
- Bolivia: 8.6%
- Guatemala: 8.4%
- Colombia: 8.2%
- Costa Rica: 7.9%
- Argentina: 7.6%
- Brazil: 7.6%
- Haiti: 7.3%
- Paraguay: 7.2%
- Urban Peru: 7.2%
- Chile: 6.3%
- Honduras: 6.1%
Approx. 40% Caribbean people live with an NCD…in most countries of Caribbean

- Almost half of those with diabetes and one third of those with hypertension are **undiagnosed**

- More than half of those with diagnosed diabetes and one fourth of those with diagnosed hypertension are **uncontrolled**

- Almost one third of those with diagnosed diabetes and half of those with diagnosed hypertension **do not take appropriate medication**

Source: PAHO, population based surveys of NCD and risk factors
Coverage ANC from 1st Trimester, 2007

Source: PAHO Health Observatory
Hospital beds per 1000 population, 2008

Source: PAHO Health Observatory
<table>
<thead>
<tr>
<th>Country</th>
<th>Proportion of population of 1 year of age immunized against measles [%], 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islas Virgenes (RU)</td>
<td>76.5</td>
</tr>
<tr>
<td>Jamaica</td>
<td>78.6</td>
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<tr>
<td>Suriname</td>
<td>85.7</td>
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<tr>
<td>Islas Caimán</td>
<td>86</td>
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<tr>
<td>Bahamas</td>
<td>90.2</td>
</tr>
<tr>
<td>Trinidad y Tobago</td>
<td>91.4</td>
</tr>
<tr>
<td>Barbados</td>
<td>94</td>
</tr>
<tr>
<td>Islas Turcas y Caicos</td>
<td>94.4</td>
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<tr>
<td>Guyana</td>
<td>95.4</td>
</tr>
<tr>
<td>Saint Kitts &amp; Nevis</td>
<td>99</td>
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<tr>
<td>Santa Lucía</td>
<td>99.7</td>
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<tr>
<td>San Vicente y las Granadinas</td>
<td>100</td>
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<tr>
<td>Montserrat</td>
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<tr>
<td>Granada</td>
<td>100</td>
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<tr>
<td>Antillas Neerlandesas</td>
<td>100</td>
</tr>
<tr>
<td>Antigua y Barbuda</td>
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</tr>
<tr>
<td>Anguila</td>
<td>100</td>
</tr>
<tr>
<td>Dominica</td>
<td>100.1</td>
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<tr>
<td>República Dominicana</td>
<td>94.5</td>
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<tr>
<td>Cuba</td>
<td>100</td>
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<tr>
<td>Bermuda</td>
<td>89</td>
</tr>
<tr>
<td>Estados Unidos de América</td>
<td>92</td>
</tr>
</tbody>
</table>

Source: PAHO Health Observatory
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Health Expenditure %GDP (2011)</th>
<th>Physicians/nurses per 1000*</th>
<th>Under 5 mortality</th>
<th>IMR</th>
<th>Out of pocket hlth exp. % private hlth exp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean HIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAR</td>
<td>6.3 (938)</td>
<td>1.811/4.856</td>
<td>15</td>
<td>13</td>
<td>100</td>
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<tr>
<td>TTO</td>
<td>5.1 (972)</td>
<td>3.562/1.959</td>
<td>23</td>
<td>14</td>
<td>81</td>
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<tr>
<td>Caribbean UMIC</td>
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<tr>
<td>JAM</td>
<td>5.9 (318)</td>
<td>0.411/1.092</td>
<td>18</td>
<td>14</td>
<td>71</td>
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<td>BEL</td>
<td>5.8 (259)</td>
<td>0.828/1.959</td>
<td>18</td>
<td>14</td>
<td>70</td>
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<td>Caribbean LMIC</td>
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<tr>
<td>GUY</td>
<td>6.6 (235)</td>
<td>0.214/0.531</td>
<td>39</td>
<td>30</td>
<td>92</td>
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<tr>
<td>Caribbean LIC</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAI</td>
<td>6.4 (53)</td>
<td>0.25/1.107</td>
<td>77</td>
<td>55</td>
<td>34</td>
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<tr>
<td>Chile</td>
<td>7.2</td>
<td>1.024/0.144</td>
<td>9</td>
<td>7</td>
<td>64</td>
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<tr>
<td>Costa Rica</td>
<td>10.16</td>
<td>1.113/0.771</td>
<td>10</td>
<td>8</td>
<td>91</td>
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<tr>
<td>Cuba</td>
<td>8.6</td>
<td>6.723/9.053</td>
<td>6</td>
<td>5</td>
<td>100</td>
</tr>
</tbody>
</table>
We know what to do!
NCD & UHC: No lack of Strategies - UN, WHO and PAHO

• Cardiovascular Disease, especially Hypertension (CD42.R9, 2000);
• Framework Convention for Tobacco Control (WHA56.1, 2003);
• Global Strategy on Diet, Physical Activity, and Health (WHA57.17, 2004);
• Cancer Prevention and Control (WHA58.22, 2005)
• Regional Strategy and POA on Nutrition in Health and Development, 2006-2015 (CD 47/18)
• Regional Strategy on Health Promotion (CD 47/16)
• Regional Strategy and POA for Integrated Approach to Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health, September 2006
• Political Declaration of the UN HLM on Prevention and Control of NCDs, 2011
### WHO Package of Essential NCD Interventions (PEN Package)

<table>
<thead>
<tr>
<th>Population-based interventions addressing NCD risk factors</th>
<th>Individual-based interventions addressing NCDs in primary care</th>
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<td><strong>Tobacco use:</strong> Tax increases; smoke-free indoor workplaces and public places; health information and warnings about tobacco; bans on advertising and promotion.</td>
<td><strong>Cancer:</strong> Prevention of liver cancer through hepatitis B immunization; prevention of cervical cancer through screening (visual inspection with acetic acid [VIA]) and treatment of pre-cancerous lesions. <strong>CVD and diabetes:</strong> Multi-drug therapy (including glycemic control for diabetes mellitus) to individuals who have had a heart attack or stroke, and to persons with a high risk (&gt;30%) of a CVD event in the next 10 years; providing aspirin to people having an acute heart attack.</td>
</tr>
<tr>
<td><strong>Harmful alcohol use:</strong> Tax increases on alcoholic beverages; comprehensive restrictions and bans on alcohol marketing; restrictions on the availability of retailed alcohol.</td>
<td><strong>Unhealthy diet and physical inactivity:</strong> Salt reduction through mass media campaigns and reduced salt content in processed foods; replacement of trans-fats with polyunsaturated fats; public awareness program about diet and physical activity.</td>
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**Population-based interventions addressing NCD risk factors**

- **Tobacco use:**
  - Tax increases; smoke-free indoor workplaces and public places;
  - Health information and warnings about tobacco; bans on advertising and promotion.

- **Harmful alcohol use:**
  - Tax increases on alcoholic beverages; comprehensive restrictions and bans on alcohol marketing; restrictions on the availability of retailed alcohol.

- **Unhealthy diet and physical inactivity:**
  - Salt reduction through mass media campaigns and reduced salt content in processed foods; replacement of trans-fats with polyunsaturated fats; public awareness program about diet and physical activity.

**Individual-based interventions addressing NCDs in primary care**

- **Cancer:**
  - Prevention of liver cancer through hepatitis B immunization;
  - Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA]) and treatment of pre-cancerous lesions.

- **CVD and diabetes:**
  - Multi-drug therapy (including glycemic control for diabetes mellitus) to individuals who have had a heart attack or stroke, and to persons with a high risk (>30%) of a CVD event in the next 10 years; providing aspirin to people having an acute heart attack.
PAHO Strategy for universal access to health & universal health coverage

Expanding equitable access to comprehensive, quality, people- and community-centered health services

Strengthening stewardship and governance

Increasing and improving financing, with equity and efficiency, & advancing toward the elimination of direct payment at the point of service

Strengthening intersectoral coordination to address social determinants of health
How can strengthening UHC reduce burden of NCD?

CARICOM NCD Plan 2011-15

1. Risk Factor reduction & health promotion
2. Integrated disease mgt. & patient self-mgt. education
3. Surveillance, Monitoring and evaluation
4. Public policy, advocacy and communications
5. Program management

UHC Strategies

• Expanding equitable access to comprehensive, quality, people- and community-centered health services
• Strengthening stewardship and governance
• Increasing and improving financing, with equity and efficiency, & advancing toward the elimination of direct payment at the point of service
• Strengthening intersectoral coordination to address social determinants of health
UHC for NCDS in Caribbean: Opportunities & Threats

**OPPORTUNITIES**
- Network of PHC facilities
- Successful immunization programs
- Existing aspiration of “free” services
- Sharing of services, training
- Lessons from HIV experience
- Healthy ICT infrastructure
- History of innovative solutions
- Focus of global attention

**THREATS**
- Nature of SIDS
- “Quadruple” burden of disease
- Systemic:
  - Poor performance in key EPHF
  - Public-private sector relationships
  - Curative focus
  - Increasing costs
- Sustainability of drug schemes
- Increased knowledge and expectations of clients
Three dimensions of UHC

Towards universal coverage

- Population: who is covered?
- Services: which services are covered?
- Financial protection: what do people have to pay out-of-pocket?

Coverage mechanisms

Reduce cost sharing and fees

Extend to non-covered
In the Caribbean: who is covered... everyone?

Availability does not make Access everyone?

Barriers:

• Age, gender/sexual orientation; social status; language; cultural; religious
• Resident status
• Disability: physical or mental
• Type of illness
• Geographic and transport constraints
• Financial constraints beyond cost of services
• Disconnect between availability of facility, functioning technology, drugs, & trained manpower
In Caribbean: Which NCD related services covered universally?

- Health promotion: mass communication campaigns; school health programs, surveillance??
- MCH well established – need to optimize for NCD risk management
- Screening & Prevention – diabetes, hypertension, obesity, cancer Cx & breast – limited not consistent
- Integrated Management/Treatment: CHRC guidelines, increasingly drugs, incorporating allied health services (nutrition, social worker, optometrist) not standard in PHC teams on national basis
- Sexual/reproductive health > family planning; opportunity for screening
- Programs for associated communicable Diseases: HIV and Tb, still vertical in the main
Leverage HIV experience

“The programs aim to leverage principles borrowed from AMPATH’s HIV experience to geographically decentralize clinical services to literally bring screening and community health education to people’s homes by going door-to-door, task-distribute care from doctors and nurses to community health workers, and strategically use smart phones to help task-distribute.”

Dr. Rajesh Vedanthan, Cardiologist, Mount Sinai School of Medicine
Academic Model Providing Access to Healhtcare, AMPATH
Atlantic, October 30, 2014
In the Caribbean: How are costs covered?

• General taxation
• Earmarked taxes: little movement in cigarette tax rates
• Private Insurance: what incentives exist
• Out of Pocket
• Sponsorship from private sector, national & international NGOs

RECOGNIZE PROGRESS IN “PROGRESSIVE UNIVERSALISM”
Many regional initiatives have potential for improving quality of services...

✔ CARPHA;
✔ Evaluation POS Declaration
✔ Strategic Framework on HIV and AIDS (CRSF) 2014-18
✔ Laboratory Accreditation Policy Framework (CMLF)
✔ Regulation of Health Professions and Occupations (RENR, CAMC, CAAM – HP)
✔ Pharmaceuticals/Caribbean Regulatory System; OECS Drug Procurement
✔ Clinical guidelines (CVD, Diabetes, asthma)
UHC for NCDs: recommended regional action for “leapfrogging” in C21

1. Core Caribbean Package: define, commit, & inform
2. Maximize joint purchasing high cost NCD medicines & technologies: PAHO Strategic fund; sharing of prices
3. RHIS... time for action!
4. Beyond guidelines – regional approach to auditing of quality & progress in establishing diabetes services (first phase)
5. Resource mobilization: strategic link to global initiatives that target different age & vulnerable groups
6. Empower Caribbean Community: let global monitoring result in more regional, national and community dialogues
UHC for NCDs: Recommendations for regional action

7. Accelerate conduct of National Health Accounts; establish Caribbean health financing and economic database

8. CARICOM Ministers of Health and Finance Meeting on UHC and NCDs issues;

9. Regional biannual forum: all sectors; actors including CBO; implementers; policy makers, academia

10. Advocate for “healthy workforce/healthy community” as integral component of business model in private sector
THANK YOU!