



SIDS SUMMIT FOR HEALTH:

For a healthy and resilient future
in Small Island Developing States



World Health
Organization

28-29 June 2021

POLICY BRIEF

Universal Health Coverage and Primary Health Care

The Challenge

Over the last two decades, most parts of the world have seen expansion in the access to health services. Yet, in many countries, large coverage gaps remain, and financial protection still requires improvement, particularly for the poor and marginalized, as well as in Small Island Developing States (SIDS).

While many SIDS have advanced in achieving sustainable development, they face unique and particular vulnerabilities – including their small size, remote geography, effects of climate change, narrow resource base, and heavy dependence on volatile international trade and foreign aid – affecting the primary health care (PHC) performance of many countries and, subsequently, their progress towards achieving universal health coverage (UHC).

Lack of adequate health facilities, health workforce shortages, and inappropriate access to medicines, vaccines and health products compounded by complex procurement mechanisms are characteristics that typify the majority of SIDS. Where health care is accessible, it is often fragmented and of poor quality. With the increasing burden of noncommunicable diseases (NCDs), SIDS countries are facing difficulties to sustain access to quality medicines and vaccines. Moreover, weak health information systems leave data gaps for most countries – on service coverage, financial protection, and gender and equity markers. These attributes remain major impediments to most SIDS to progress towards UHC and achieve SDG 3: good health and well-being.

The COVID-19 pandemic has had far-reaching consequences for all parts of society, causing unprecedented disruption to people's lives and well-being globally. Progress made in many countries towards the health-related SDGs has not only stalled, but even threatens to regress, as countries are simultaneously confronted with the pandemic response, health system recovery and long-term development challenges.

Though many SIDS have succeeded in preventing widespread transmission of COVID-19 in their communities, the pandemic has disrupted key economic sectors that SIDS' undiversified and already fragile economies strongly rely upon. Further, significant concerns are being raised about equitable access to COVID-19 vaccines as SIDS are primarily relying on the COVAX vaccine sharing arrangements.



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Once the pandemic subsides, most countries will be left facing many of the same health challenges present before COVID-19 struck, including NCDs. Countries need to appropriately reorient their health systems with a strong PHC foundation as a key means towards achieving UHC, SDG 3 and health security. As a result, COVID-19 represents an opportunity for countries to do so by emerging from this pandemic with stronger health systems and charting a more aggressive path towards achieving health for all.

Commitments made

Together, all 193 Member States of the United Nations set out an ambitious agenda for a safer, fairer and healthier world by 2030, through the Sustainable Development Goals (SDGs) adopted in 2015. Within the health-related SDG3 “Ensure healthy lives and promote wellbeing for all at all ages”, target 3.8 calls for achieving universal health coverage (UHC), including access to quality essential health care services, financial risk protection, and access to essential medicines and vaccines for all.

Achieving health for all, including UHC, is integral to achieving all the other goals, such as poverty reduction and economic growth. UHC is a cornerstone of any effort to reduce social and gender inequities, and a demonstration of every government’s commitment to improve the health and well-being of all its, leaving no-one behind.

To this end, Member States have committed to effective PHC renewal and implementation to build more equitable and resilient health systems that will deliver high quality, safe, comprehensive, integrated, accessible, available and affordable health care to everyone, everywhere, especially the most vulnerable. It requires a whole-of-government and whole-of-society approach to health which combines multisectoral policy and action, empowered people and communities, and primary care and essential public health functions as the core of integrated health services, as part of the PHC vision for the 21st century. PHC also provides a critical foundation for surveillance, response and management of outbreaks, such as COVID-19, and supports continuity of essential health services. This commitment has been codified and reiterated in the Declaration of Astana, the accompanying World Health Assembly Resolution 72/2, the 2019 Global Monitoring Report on UHC, and the Political Declaration of the High-level Meeting on UHC.

Further, at the 2014 Third International Conference on Small Island Developing States, UN Member States adopted the Small Island Developing States Accelerated Modalities of Action (SAMOA Pathway) in which countries recognize the need to support and invest in these nations so they can achieve sustainable development. It also reaffirms the commitment of SIDS to reverse the spread and severity of NCDs as well as implement PHC and promote progress towards achieving UHC, which was reiterated in the General Assembly Resolution A/RES/74/3.



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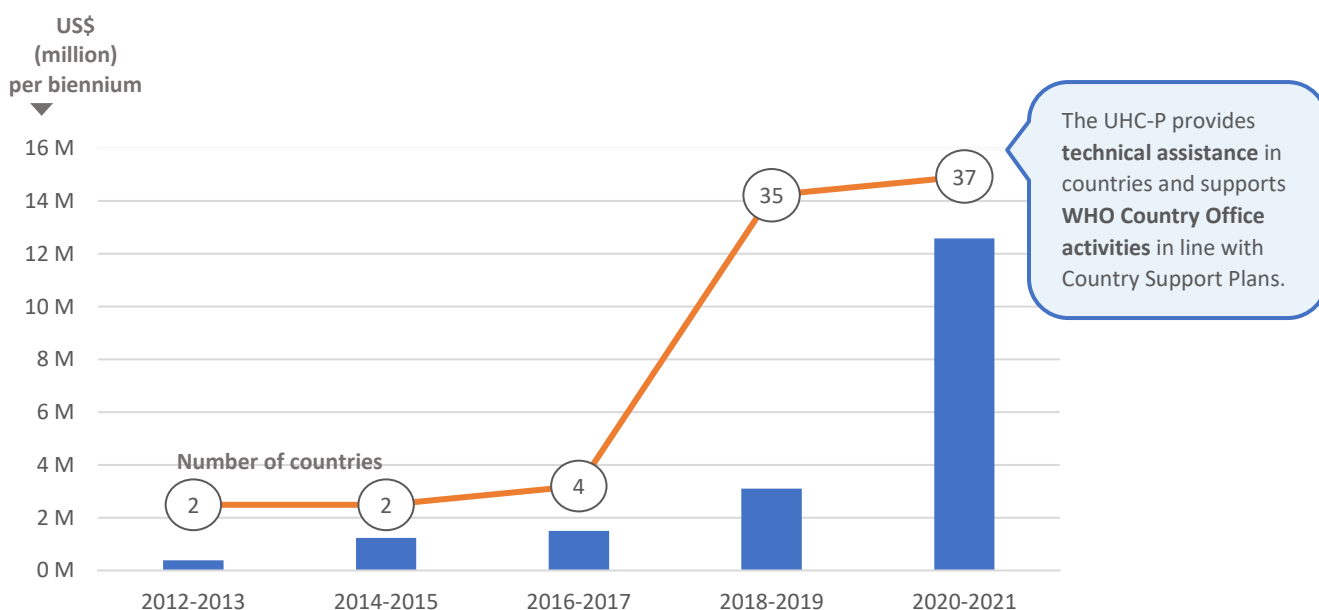


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UHC-P donor contributions allocated to SIDS 2012-2021

Channelled since 2018 through the Joint Working Team (JWT) of PHC and UHC



Evolution of financial support by the UHC-P donors to an increasing number of SIDS.

A paradigm shift is needed to view PHC policy and practice as a dynamic, iterative process that includes social, political and economic factors, which will help countries address the health challenges of the 21st Century as well as to prepare for and respond to public health crisis, such as disease outbreaks and pandemics. The UHC, the health-related SDGs and health security goals are ambitious but achievable. Progress must be urgently accelerated, and PHC provides the means to do so.

“Effective PHC is the cornerstone for efficient, people-centered, and equitable health systems everywhere.”

OECD. Report on Realizing the Potential of Primary Health Care.



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Recent and ongoing actions

To contribute to the achievement of these ambitions for global health, WHO has created the Special Program on Primary Health Care (PHC-SP) with the aim to support Member States in their journey towards UHC. It builds on successful WHO internal collaborative platforms and funding streams such as the UHC Joint Working Team (JWT) and the Universal Health Coverage Partnership (UHC-P), aligned to their principles of country ownership, tailored-country support, bottom-up planning and management, funding flexibility, accountability, transparency, integrated monitoring and reporting, and demonstrating results. In addition to focus on country impact, the PHC-SP works to advance the PHC related evidence and innovation with a sharper focus on people left behind, and promoting policy leadership, advocacy and strategic partnership on Primary Health Care.

In the frame of renewing and implementing the PHC model, the UHC-P has been instrumental over the years in supporting policy dialogue and providing substantial technical assistance to enable governments to strengthen health systems in governance, access to health products, workforce, financing, information and service delivery, while enabling effective development cooperation. As of July 2019, through the Partnership, WHO scaled up support on UHC to 37 SIDS WHO Member States target countries¹ across its regions thanks to the investment of nine donors² (see figure). Moreover, 27 UHC Technical Assistants have been deployed at WHO country or sub-regional level (covering several countries) with catalytic funding for activities to directly support Member States and ensure approaches and assistance fit-for-context.

Recently, the Partnership has developed a specific focus on NCDs to answer to the increasing burden of these diseases. In the context of the COVID-19 pandemic, the Partnership is also working on health security, thanks to its flexible and catalytic approach, to build medium-term sustainable health emergency preparedness capacities, while supporting the response to the pandemic, including vaccination, and the continuity of essential health services.

For instance, guidance for more efficient procurement practices has been provided by WHO for the development of a pooled procurement mechanism in **SIDS** – including **Cabo Verde, Comoros, Guinea-Bissau, Mauritius, Sao Tomé and Príncipe, and Seychelles**. Following the onset of the COVID-19 pandemic, this initiative gathered momentum with support to streamline activities and culminated in the signing of the pooled procurement agreement by Ministers of Health in 2020, ensuring political commitment, country cooperation, strengthening planning capacities in the acquisition and use of supplies, and quality assurance procedures.

¹ Antigua and Barbuda, Bahamas, Barbados, Belize, Cabo Verde, Comoros, Cook Islands, Cuba, Dominica, Dominican Republic, Federate States of Micronesia, Fiji, Grenada, Guinea-Bissau, Guyana, Haiti, Jamaica, Kiribati, Marshall Islands, Mauritius, Nauru, Niue, Palau, Papua New Guinea, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Saint Lucia, Samoa, Sao Tome and Principe, Seychelles, Solomon Islands, Suriname, Timor-Leste, Tonga, Trinidad and Tobago, Tuvalu, and Vanuatu.

² The European Union, Japan, United Kingdom, Luxembourg, Belgium, Ireland, France, Canada, and Germany.



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Additional examples on recent and ongoing actions by country/region on PHC for UHC can be accessed [via this link](#), including on: **Barbados, Belize, Cape Verde, Cook Islands, Dominica, Federated States of Micronesia, Fiji, Guinea-Bissau, Haiti, Kiribati, Marshall Islands, Mauritius, Nauru, Niue, Papua New Guinea, Samoa, Solomon Islands, Suriname, Timor-Leste, Tonga, Tuvalu, Vanuatu** and **Pacific Island Countries and territories**.

Case Study: Timor-Leste

Since its independence in 2002, Timor-Leste has made a great journey to build democratic institutions and progress towards Universal Health Coverage. Adopting similar principles to the UHC-Partnership, the government established legal frameworks to promote inclusive decision-making processes and improve communities' representation.

The Partnership supports the Ministry of Health for many activities since 2013, such as the assessments of the 2011-2030 National Health Sector Plan (NHSP), including annual and quarterly reviews and annual operational planning, or the development of the national health financing strategy finalized in 2019 with the establishment of national health accounts since 2013. Moreover, the Partnership contributed to define health services and human resource requirements for the PHC essential health services packages, including NCDs, through a multisectoral approach. These actions constitute major elements in progress achieved to ensure access to quality and free universal health services.

To improve the situation in rural areas, the Ministry of Health is implementing with the support of the UHC-Partnership a comprehensive service package for Primary Health Care through the "Saude na Familia" program. The objective is to visit every household to assess, register and follow-up health status. This program had an important impact on maternal and child health, with a rise of antenatal care coverage from 55.1% to 76.7% and birth attended by skilled health professionals from 29.3% to 56.7%, between 2010 and 2016. To reach these results, the Partnership supported the development of guidelines and registers for domiciliary visits whilst supporting policy dialogue to develop the RMNCAH strategy and implementation arrangements.



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Recommendations and deliverables: 2021- 2022

There are significant opportunities for countries to emerge from the COVID-19 pandemic with stronger and more resilient health systems for UHC and health security.

Governments of SIDS, supported by WHO and the wider development community, are encouraged to:

- Continue effective PHC renewal and implementation, by considering it as a strategic approach for transformation of health systems towards UHC, not limited to actions at the first level of care; and
- Mobilize domestic resources to sustainably invest in PHC for more resilient and efficient health systems, including the allocation or reallocation of an additional 1% GDP to PHC, in accordance with the national context.

Further, WHO is committed to providing fit-for-purpose support to Member States to build a healthier, safer and more sustainable future in SIDS, including to:

- Provide continued support to accelerate progress towards UHC through the development of national health policies, strategies and plans, or sub-regional initiatives that promote PHC – through integrated people-centered health services, multisectoral policy and action, and empowered people and communities –, strengthen health workforce³ and health information systems as well as ensure pooled procurement and regulatory schemes, through a platform for the exchange of good practices and lessons learned among SIDS; and
- Integrate essential public health functions and International Health Regulations (IHR) into national health strategies through a SIDS-tailored approach as well as assess and strengthen capacities and monitor implementation.

Case Study: Mauritius

In Mauritius, several activities have been supported by the UHC-P to ensure an evidence-based and inclusive policy-making process in the country, especially in terms of NCDs and health financing. These include the revision of the National Health Strategy, the establishment of national health accounts to monitor health system performances, the sharing of good practices and lessons learned on monitoring and detecting NCDs and the creation of a National Health Assembly to institute an inclusive and participatory societal dialogue.

³ Programs/initiatives for improving health workforce education and regulation, including processes and standards for mutual recognition of qualifications.



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