Sustainability and transition in the AMRO/PAHO Region

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Content

• Context
• What are we doing?
  • PAHO’s strategy
  • Developing a conceptual framework
  • Advocacy
  • Fiscal space and Costs studies
• Comments
Financial diagnosis of the Region…

Out of pocket expenditure as % of expenditure on health

Public expenditure on health (%PIB)

Year 2014

4 of 5 surpass 6%

Source: Author with World Bank data-acceded 07/05/2016
Low Fiscal priority

- Public Expenditure in health as % of total public expenditure
- Total public expenditure as % of GDP

Other challenges in sustaining the response: the health system

- Segmentation
  - Uncoordinated subsystems covering and serving different “segments” of population
  - Characteristic of LAC (MoH, SS, Private, Civil servants…)
- Fragmentation
  - Service delivery (multiple actors, no integration)
  - Care (promotion, prevention…)

**Both can be:**
Perpetuated by the vertical nature of some public health programs and their lack of integration at the service delivery level
Content

• Context

• What are we doing?
  • PAHO´strategy
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• Comments
Universal Healthcare: PAHO Regional Strategy

Resolution CD53.R14

Urges Member States to take action, taking into account their own context and national priorities

Source: PAHO/WHO HSS/HS
## Developing a Conceptual Framework

<table>
<thead>
<tr>
<th>Authors – year and titles</th>
<th>Main Objective</th>
<th>Dimensions of Sustainability</th>
<th>Factors/attributes that influence sustainability</th>
<th>Factors that influence integration</th>
<th>To which programs do they apply?</th>
<th>Main conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oberth &amp; Whiteside (2016)</td>
<td>Conceptualize sustainability in a context of decrease of international aid and focused on the handover of programs (3 examples of transition)</td>
<td>1. Financial 2. Epidemiological 3. Political 4. Structural 5. Programatic 6. Human Rights</td>
<td>- Stable resource, from diverse sources and efficiency. - Stewardship and political good will - Social context (poverty, violence, etc) - Does the program make sense within an integrated system centered on PHC? - Does it reach identified populations?</td>
<td>X</td>
<td>HIV/AIDS</td>
<td>- Deal with the 6 dimensions simultaneously - Continuous monitoring - Foreign aid can still be needed for particular population groups.</td>
</tr>
<tr>
<td>Pluye, Potvin, Denis (2004)</td>
<td>Under which organizational structures is sustainability enhanced and when it begins it is supported by the institutional learning process and new-institutional arrangements (systematic review)</td>
<td>Centered in 2 dimensions: 1. Structural (social structure and organizational characteristics) 2. Temporary</td>
<td>- Routine (memory, adaptation, values, rules) - Standardization - Simultaneous processes of planning and implementation</td>
<td>In my opinion sustainability and integration appear - En mi opinión sostenibilidad e integración aparecen bastante mixed on both dimensions (Routine and standardization)</td>
<td>It is a general framework, despite that the example focuses on a promotion program.</td>
<td>3 levels of sustainability (non routine activities, routine and standardized routines) Does not consider sustainability as a final stage, but concomitant.</td>
</tr>
<tr>
<td>Shigayeva &amp; Coker (2014)</td>
<td>Propose a conceptual framework to analyze sustainability and clear the general notions over sustainability and integration, based on systematic reviews.</td>
<td>1. What is it to be sustained (resources, performance or objectives) 2. Which component of the health care system (one intervention, one organization, or the system as a whole) *resilience is mentioned</td>
<td>- Leadership (capacity to lead, govern and manage) “champions” - Capacities (resources, planning, implementation and evaluation capacity) recursos y capacidad de planificación, - Flexibility/adaptability - Interactions (related to integration and achievement of the objectives) - Context (including donors that promote verticality of programs being a limitation)</td>
<td>They are not factors, but levels of integration: links, coordination and full integration within the actors through the continuum of greater formality in the governance, sharing responsibilities in joint activities, and pooling of the resources.</td>
<td>Regardless its focus on transmissible diseases, it is still applicable.</td>
<td>- Considers integration as a determinant of sustainability (not the only) - However, the role of the integration fo the various components within a system, is dependant on the context and is difficult to predict.</td>
</tr>
</tbody>
</table>
Proposed sustainability dimensions

• Programatic sustainability
• Human rights

• Political and Epidemiological sustainability
• Partnerships

• Financial sustainability

• Structural sustainability

Strong health systems

- Equitable access to comprehensive and integrated services
- Strong stewardship and governance
- Sufficient, equitable and efficient financing
- Intersectoral coordination
PAHO’s Fiscal space study for 14 countries

• Reasonable tax increases and improved fiscal priority can have important effects
• Increasing the Public Expenditure in Health from these sources will allow 8 more countries, to achieve the indicator and generate significant progress in others.

<table>
<thead>
<tr>
<th>Países</th>
<th>GPS (2013)</th>
<th>Escenario (1) de incremento de GPS</th>
<th>Escenario (2) de incremento de GPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolivia</td>
<td>4,8</td>
<td>5,6</td>
<td>7,6</td>
</tr>
<tr>
<td>Honduras</td>
<td>4,3</td>
<td>4,30*</td>
<td>5,9</td>
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<tr>
<td>Nicaragua</td>
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<td>6,2</td>
<td>5,8</td>
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<td>Paraguay</td>
<td>3,5</td>
<td>S/D</td>
<td>5,1</td>
</tr>
<tr>
<td>Colombia</td>
<td>5,2</td>
<td>6,4</td>
<td>6,7</td>
</tr>
<tr>
<td>Ecuador</td>
<td>3,9</td>
<td>4,4</td>
<td>5,2</td>
</tr>
<tr>
<td>Perú</td>
<td>3,1</td>
<td>3,8</td>
<td>4,5</td>
</tr>
<tr>
<td>Argentina</td>
<td>4,9</td>
<td>5,3</td>
<td>5,3</td>
</tr>
<tr>
<td>Brasil (3)</td>
<td>4,5</td>
<td>6,0</td>
<td>6,0</td>
</tr>
<tr>
<td>Chile</td>
<td>3,7</td>
<td>4,1</td>
<td>4,0</td>
</tr>
<tr>
<td>Barbados</td>
<td>4,1</td>
<td>S/D</td>
<td>4,7</td>
</tr>
<tr>
<td>Guyana</td>
<td>4,3</td>
<td>S/D</td>
<td>4,6</td>
</tr>
<tr>
<td>Jamaica</td>
<td>3,4</td>
<td>3,7</td>
<td>4,3</td>
</tr>
<tr>
<td>Países llegan al 6%</td>
<td>0</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td>%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: PAHO from Collecting Taxes Database 2010/2011, BID-CIAT y ECLAC
(1) Current priority fiscal levels
(2) Fiscal priority of 15 % of Total Public Expenditure.
PAHO’s Country-specific fiscal space studies

- Bolivia
- Honduras
- Peru

- There exists fiscal space and that economic growth is not enough,
- It is necessary to collect more and better,
- It is advisable to review tax expenditures to identify unjust or without benefits for countries exemptions,
- There are arguments and space to increase specific health taxes (alcohol and tobacco).
- Efficiency measures must accompany these efforts, given through three main areas and arise from the strategy for universal access to health and universal health coverage
- Credits and donations are not a politically viable source for governments.
- The study have to promote policy dialogue and ideally occur in a process of change in the country
- Next study: Ecuador
Final Comments

• Sustainability is achieved:
  • Improving prevention and early detection of chronic diseases,
  • Reducing the incidence of catastrophic illness, and
  • Providing timely access to health services, specially at the first level of care.

• With regard to financing,
  • Eliminating payment at the point of delivery,
  • Promoting the pooling of funds,
  • Supporting integrated networks of service provision and improving the quality of spending
  • Increasing public financing

• In other words, integrating programs into the improved health system