HEALTH SYSTEM STRENGTHENING

SUPPORTING NCD ACTION

Healthy Caribbean Coalition
The NCD Alliance, PAHO, CARPHA
Ministry of Health, Dominica, Dominica Cancer Society

Perspective

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RE HSS & SUPPORT FOR NCD ACTION

Cross Cutting Themes

• Integration
• People/Patient Empowerment
• Multi-sectoral Collaboration

Objectives

1. To share/showcase experiences, lessons learned, best practices
2. To identify and discuss HSS barriers and challenges and recommend solutions.
3. To build momentum for greater CSO advocacy
4. To support a CSO ‘Call/Declaration’

EXPECTED OUTCOMES

Parties better aware and informed about HSS imperatives in their and others health care delivery sphere of influence and action.

CSO ‘memorandum of commitment’/ ‘declaration’ for HSS improvements.
PERSPECTIVE OF A COUNTRY CMO

WHERE THE RUBBER MEETS THE ROAD

Sitting (or hanging by the neck) on the interface of public health and politics

Presentation Focus and Flow
- Background Challenges & Situation
- Opportunities
IN PUBLIC HEALTH

“C’mon, c’mon — it’s either one or the other.”
WHY ARE WE REALLY HERE

HCC and partners desire to see higher performing health systems in the Caribbean.

Private Sector & CSOs must play a meaningful role in HSS while supporting NCD programming.

There are HSS challenges to address. They are not insurmountable.
BACKGROUND SITUATION & CHALLENGES

Communicable Disease Era – Up to 1980’s

• Governments did the heavy-lifting

• Responsible for health care service delivery and financing.
SITUATION & CHALLENGES

Current Era

• Multiple risks and threats.

• GDP-eroding new, emerging and chronic conditions.
  • Unsustainable spending for Hemodialysis, radiotherapy, quadruple bypass, etc.
    plus
  • Opportunity costs of premature morbidity, disability, mortality

• Health expenditure should an investment in human development
BENEFITS OF CHIKV & EBOLA

• Forced intense examination of capacities of national health systems.

• Jump-start allocations for HSS
EBOLA!!!

Obesity: 300,000 deaths per year

Tobacco: 450,000 deaths per year

Alcohol: 88,000 deaths per year

USA
LESSONS BEFORE CHIKV & EBOLA

Since 1980’s – Re NCDs and HIV
- Chronic conditions best addressed in integrated and comprehensive approaches
  - Attend to upstream determinants as well as health systems issues.

Since 2002 – Re Health System Strengthening
- Building-block formula
  - 6 Pillars
    1. Leadership & Governance
    2. Financing
    3. Quality-Oriented Service Delivery
    4. HRH Development & Training
    5. Equitable Access to Medical Products & Technologies
    6. Systems of Health Information
EINSTEIN WAS CORRECT

Insanity is doing the same thing over and over again but expecting and results.

Translation

Health care systems have to be re-configured post-haste out of traditional modes.

The present and future of a strong national health system mean integrated and comprehensive approaches.
Current demands are huge

- Occurring when governments operate in a tight fiscal space

- Many economies reeling or barely emerging from 2008 economic downturn.

Governments looking for partners in health care service delivery

- Spells opportunity for HCC and partners to engage more assertively
WE CAN GO FORWARD
1: WE HAVE AGREEMENT ON INTERSECTORIALITY

Strong Health Systems enable integrated approaches and sustained NCD action.

Why?

NCDs share common modifiable risk factors (WHO)

Must be addressed as a group

Prevention must be integrated into population approaches

Integrated approaches = Working Across Sectors
2: WE HAVE AGREEMENT ON DETERMINANTS

NCDs risk factors embedded in the conditions in which people are conceived, born, raised, live, work and age

Economic: Trade & Tariff Rules
- Imported junk food is cheaper than indigenous, fresh, wholesome food
- Facilitate consumption of obesogenic diets

Cultural: TV & Social Media time $\rightarrow$ Sedentariness.

Social: Over-stress leads to self-medication via alcohol, marijuana, stimulants and analgesics

NCD Burdens starting in early adolescence.

THE EQUITY FACTOR
3. WE HAVE A REALIZABLE TARGET

A 25% reduction in premature death from NCDs (and less taxes) by 2025

Adopted by

UNGA, WHO, NCDA
PAHO, CARPHA, HCC
National Governments
4. WE HAVE A STRATEGY

- Plethora of strategies

  Speak to integrated and comprehensive approaches to combat the “Big 4”
  - Cancer, cardiovascular disease, respiratory diseases and diabetes.

3 Action Domains
- Surveillance, Prevention and Control (Essential Public Health Functions)

Strategic Objectives
1. Reduce avoidable mortality and morbidity
2. Minimize exposure to risk factors
3. Maximize exposure to protective factors
CARIBBEAN PEOPLE CYNICAL ABOUT STRATEGIES
WHAT SHOULD THE PEOPLE SEE & FEEL

Affordable prices of healthy food

If they get sick, adequate, predictable, sustainable and affordable (free) supply of doctors, nurses, essential medicines and lab tests (not strategies)

Safe and secure spaces for exercise.

- Professionally run exercise programs out of community health centers

Less stressful school-life for their children (↓ academic overload)
WHAT SHOULD THE PEOPLE SEE & FEEL

Coordinated multi-sectoral and resourced plan for action

Opinion leaders continually championing Wellness, Equity and Solidarity

Capacity built in MOHs to

• Develop PLFs with teeth
• Conduct costing analyses
• Recruit & retain good talent
• Manage inventory
• Conduct KAP surveys and communicate results

Assertive Messaging e.g. Radio & TV ads; To Win Hearts, Minds & Wallets
10 COMPANIES THAT RULE THE WORLD
Via Slick Campaigns for Hearts, Minds & Wallets
Caterers to the world

Number of establishments*

'000

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Sources: Company reports. *September 30th, 2012 or latest.

The Economist: Special Report on Obesity
*The Economist: Special Report on Obesity*
“All of government” and “all of society” approaches needed to reduce the socioeconomic burden of NCDs.
KEYS TO HSS

• Enjoin the Public Sector, Private Sector and Civil Society Organizations

Who leads the advocacy, convening, resourcing? Options

• Global Level – UNGA, WHO, NCDA

• Hemispheric Level – PAHO, World Bank, IDB, OAS

• Regional Level – CARPHA, PAHO, HCC, CDB, OECS Secretariat

• National Level – Office of Head of State or Government, Major Figure with deep pockets and wide influence (ala Bill Gates)
<table>
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<tr>
<th>Building Block</th>
<th>Improvement Activities by Private Sector &amp; CSOs</th>
<th>Key Partners</th>
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<tbody>
<tr>
<td>Leadership &amp; Governance</td>
<td>Support Development of Effective Policy &amp; Legislative - Templates</td>
<td>OECS &amp; CARICOM Secretariats</td>
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<td>Financing</td>
<td>Fund Raising for National Intersectoral Body’s Plan for Action</td>
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<td>Service Delivery Quality</td>
<td>Support Strategy Formulation</td>
<td>CARPHA, PAHO</td>
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<td>Support Program of Certification and Recertification</td>
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<td>Advocate for Curricula Reform in Professional Schools</td>
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<td>Continuing On-the-Job Education</td>
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<td>Equitable Access to Medical Products</td>
<td>Advocacy / Negotiation for Affordable Prices</td>
<td>OECS-PPS MOFs</td>
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<td>Health Information Systems</td>
<td>Support Database Development</td>
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THANK YOU

QUESTIONS & COMMENTS WELCOME