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Special Issue on Small Island Developing States

Examples from the field



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WHO Region of the Americas

BARBADOS

In the frame of the UHC-P, WHO is providing technical support to **Barbados** to integrate NCD prevention and control in its PHC model, strengthen capacity of service delivery networks on the first level of care, and build capacity in health economics and financing. Further, the UHC-P supported the revision and updates to the National Policy on Ageing as well as the development of a National Strategic Plan and Monitoring and Evaluation Framework with specific focus on the integrated delivery of health care services to the elderly and an assessment of the Elderly Services.

BELIZE

The Government of **Belize** has worked with PAHO/WHO to provide more integrated people-centered health services to make progress towards UHC, through a PHC approach. The expansion of the national health insurance scheme and improvements in service provision, the model of care and the health information system will help expand access and improve quality health care. The Ministry of Health is also addressing health workforce shortages through the launch of its first Strategic Plan for Human Resources for Universal Health 2019-2024, with support from PAHO/WHO.

DOMINICA

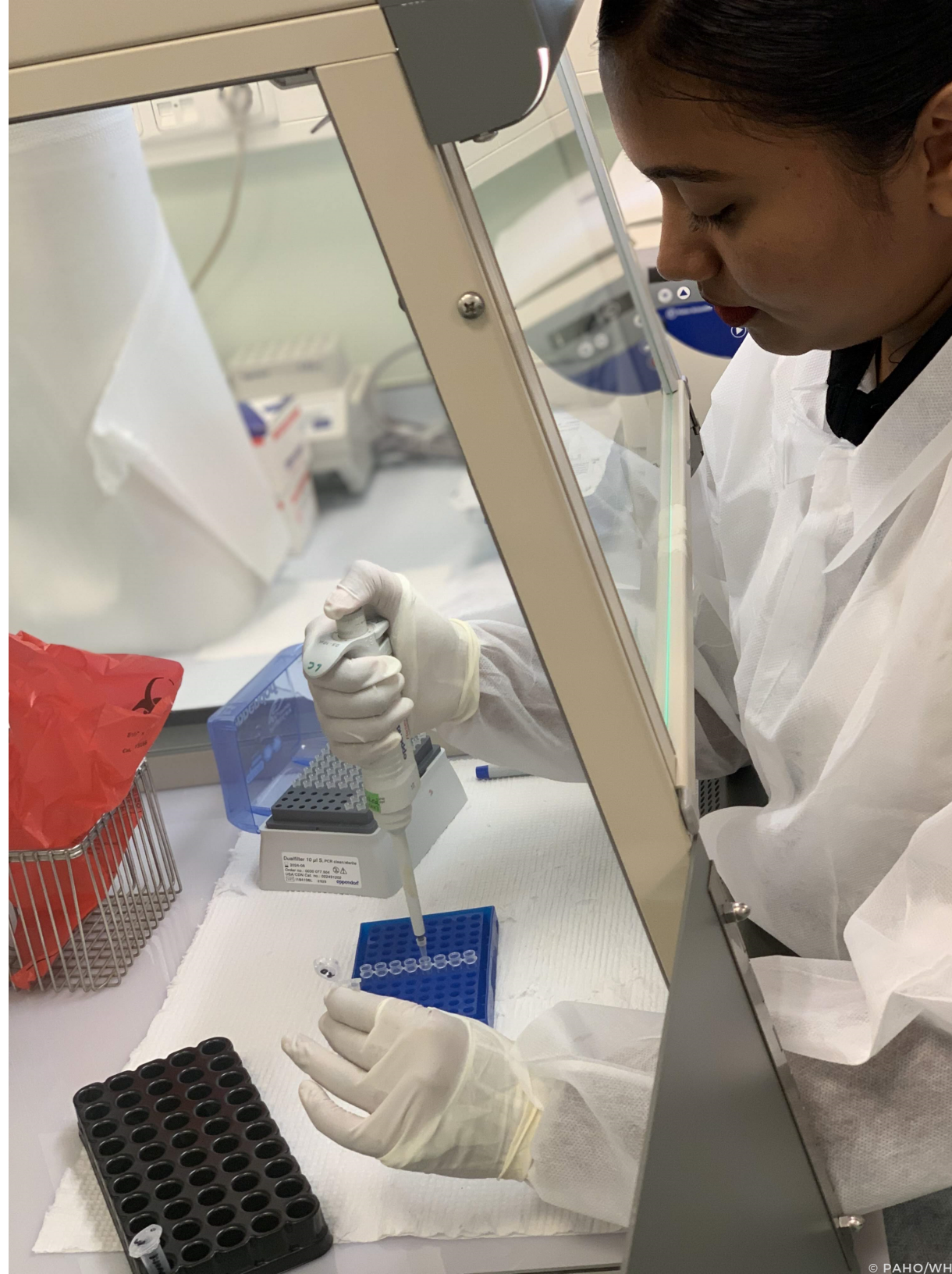
Based on a comprehensive assessment of the health system of **Dominica** conducted by the Ministry of Health and Social Services in collaboration with PAHO/WHO, a cadre of community health workers received training in integrated people- and community-centered health care. Bridging the health workforce gap, this skills-based training has increased the country's capacity to provide essential PHC services and respond flexibly to community needs during the COVID-19 pandemic.



Haiti's Ministry of Public Health and Population, with the support of PAHO/WHO under the UHC-P, developed a national guideline on District Health Services based on a PHC approach to increase accessibility, equity and efficiency of health services for communities. Providing training to local health teams in the general principles of PHC (including COVID-19), improving health infrastructure and engaging with key people from the communities through consultation processes have been fundamental in creating strong community health networks, increasing the acceptance and utilization of services.



In the light of COVID-19, together, PAHO/WHO and Suriname's Ministry of Health developed strategies and guidelines to ensure access to essential health services during the COVID-19 pandemic and beyond, including on quarantine management, clinical management and the re-organization of health services, and protocols for early detection and screening. Moreover, Suriname is seizing the opportunity to build a more resilient and sustainable health system, by training health care providers on the patient management information system as well as developing a National Strategy for Nursing, with the support of the UHC-P.



WHO African Region

CAPE VERDE

Under the UHC-P, WHO provided technical support for the development and validation of **Cape Verde's** National Health Strategy 2017-2021 through an inclusive policy dialogue. Further support was provided to update program level policies, including the National Drug policy. To inform evidence-based decision-making, the UHC-P has also supported the country in the implementation of the district health information system and the establishment and assessment of national health accounts since 2015.

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.

GUINEA-BISSAU

In the African region, WHO has also supported the mainstreaming of integrated people-centered health services in **Guinea-Bissau's** health sector strategic plan and UHC roadmap. Furthermore, the Partnership contributed to the improvement of their District Health Information System and the assessment of the status of their Civil Registration and Vital Statistics System, to inform the development of country roadmaps for improving the availability and quality of data. Additionally, another initiative to improve evidence-based decision-making includes the technical support provided by WHO on the institutionalization of national health accounts.

JOINT INITIATIVE

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.



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PAPUA NEW GUINEA

WHO, with UHC-P's flexible funding, is providing technical and strategic support to the Government of **Papua New Guinea** to respond to COVID-19, maintain essential health services during times of emergency and build a stronger system for the future. This includes: establishing an inter-agency financing coordination mechanism around COVID-19 expenditure, scaling up support for mental health services to help health workers cope with the potential stress and impact of the crisis; capacity building users of the national health information system improving epidemiology and surveillance capacity at the national and provincial levels to make evidence-based and data-driven decisions; and supporting the development of the National Pandemic Act 2020.

FEDERATED STATES OF MICRONESIA

In the **Federated States of Micronesia**, WHO is working in strong collaboration with local governments, communities and development partners to support the provision of a comprehensive package of care at primary level, including for NCDs, to remote communities and at affordable costs. Specific technical assistance was provided by the UHC-P to conduct a robust situation analysis, develop guidelines for integrated outreach services and implement a capacity building program.

SAMOA

The Ministry of Health and the National Health Service of **Samoa** worked together with WHO to map the way forward for the implementation of a primary health care model, which was adapted to the Samoan context. National guidelines for the integration of a package of essential NCD interventions were developed and a pilot project began, with trained local women committees supporting the delivery of prevention, detection and referral services. In collaboration with health care workers, they are bringing interventions, such as village-wide awareness campaigns and health screenings, to the community.

VANUATU

In the Western Pacific Region, WHO has also supported increasing coverage of cervical cancer screening in **Vanuatu** by providing financial support and technical advice in a partnership between a local NGO, WHO and the ministry of Health. As a result, **Vanuatu** has revised its national cervical cancer prevention and control guidelines, through multi-sectoral engagement, to ensure practices are appropriate for **Vanuatu's** resources and provide for future development of the health system capacity.

WHO Western Pacific Region

COOK ISLANDS

Under the UHC-P, WHO provided technical support to the **Cook Islands** revising their national Public Health Act, which will result in future-proofing the nation's legislation against public health threats and emergencies, while strengthening the health system to better protect and promote health throughout the country. The reform, which elevates the role of remote communities and other stakeholders in planning and priority-setting public health interventions, is being used as a blueprint for other countries in region, including Vanuatu.

WHO is supporting the establishment of a sub-regional platform to support strengthening of regulatory systems for medical products in **Pacific Island Countries and Territories**. The initiative was endorsed by the Pacific Health Ministers of Health in 2019, with an initial focus on the strengthening of priority regulatory functions, such as marketing authorization, pharmacovigilance and quality assurance of medical products.

Furthermore, the UHC-P supported the completion of digital health maturity assessments and digital health country profiles in, amongst others, **Fiji, Marshall Islands, Solomon Islands, Tonga, Vanuatu, Cook Islands, Federated States of Micronesia, Kiribati, Niue** and **Tuvalu**. This has laid the foundation for the strategic planning for digital health information systems in these countries.

JOINT INITIATIVES

The **Pacific Island Countries and Territories (PICs)**, in collaboration with WHO, have taken the opportunity of the COVID-19 pandemic to strengthen mental health provision in PHC. WHO Mental Health Gap Action Program (mhGAP) helped to strengthen the diagnosis and management of mental illness in **Kiribati, Marshall Islands, Cook Islands** and **Nauru**, and a mental health assessment has been incorporated into NCD assessment tools in **Solomon Islands**. To strengthen the identification, basic management and referral of people with mental illness, WHO also supported the adaptation of the Basic Psychosocial Skills Guide for COVID-19 Responders across **Pacific Island Countries and Territories**. Further, in **Fiji, Marshall Islands** and **Kiribati**, communication materials on stress management strategies and referral routes have been disseminated to strengthen community identification and basic self-management of mental health.



WHO South-East Asia Region

SPECIAL FOCUS ON 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.



Acknowledgement

We would like to thank all colleagues in WHO country and regional offices who have supported the process of documenting the crucial work and experiences that can serve as valuable resources to be shared across countries; your efforts are much appreciated. We would also like to thank our donors and partners who have made this work possible, and to all the technical staff of WHO who continue to provide coordination and technical expertise to support the acceleration of progress towards UHC.

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