Leveraging the COVID-19 pandemic to build sustainable systems and advance universal health coverage

At a glance

❖ The coronavirus disease 2019 (COVID-19) pandemic has highlighted existing inequities and unmasked the fragility of health systems. At the same time, many people outside the health sector now realize the centrality of health to all facets of life including travel, trade, tourism, education and the economy.
❖ It is, therefore, a good time to harness high-level political commitment and multi-stakeholder partnerships to strengthen health systems and service delivery that will meet future health needs.
❖ Pacific island countries and areas (PICs) have made good progress in advancing universal health coverage (UHC), as measured by the Service Coverage Index (SCI); however, they remain off track to achieve a minimum SCI value of 80 by 2030 without significant investment and vigorous action in the coming years.
❖ Countries can use this opportunity during the pandemic to build capacities and systems that will meet the health needs of today and the future (for example, laboratories, digital health, health workforce, community engagement).

Future vision

Achieving universal health coverage (UHC) is a major global target for the attainment of the Sustainable Development Goals (SDGs). UHC is based on the principle that all individuals and communities should have access to quality essential health services without suffering financial hardship. Pacific health ministers have focused on the importance of UHC as a critical component of achieving the Healthy Islands vision developed in 1995 at the First Pacific Health Ministers Meeting (PHMM).

Good progress has been made in advancing UHC Service Coverage Index (SCI) values between 2000 and 2019 across the Pacific, although the majority of Pacific island countries and areas (PICs) still had an index value lower than 60 in 2019 – as a comparison, the broader World Health Organization (WHO) Western Pacific Region had an overall index of around 80.¹ When comparing UHC SCI sub-index performance from 2000 to 2019, considerable improvement was seen in the capacity to address both infectious diseases and reproductive, maternal, newborn and child health. On the other hand, progress was much slower on noncommunicable diseases (NCDs) and general service capacity and access. Overall, PICs are not on track to achieve a minimum SCI value of 80 by 2030 without significant investment and vigorous action in the coming years.

¹ World Health Organization (WHO) and the World Bank, 2021 Global Monitoring Report, Tracking universal health coverage, https://www.who.int/publications/i/item/9789240040618
In other words, there is still more to do to ensure that everyone, even the hardest to reach, can access life-saving health services, and that these services are fit for the health challenges that will arise in future – such as surging rates of NCDs and the increasing impact of climate change. Based on the lessons identified during the pandemic and building on the commitments made at the 13th PHMM in 2019, PICs can work together to attain resilient health systems that can deliver quality essential health-care services over the next 10 years, saving lives, protecting health and promoting better well-being for the 10 million people who call the Pacific islands home.

Through these efforts, PICs – along with their partners – can turn the visions contained in Healthy Islands and For the Future: Towards the Healthiest and Safest Region into reality and make significant progress towards achieving UHC and the SDGs.
Examples of recent progress

Despite tremendous challenges related to the pandemic, PICs continued to make progress in advancing the key building blocks required for sustainable and resilient health systems. The following sections of this document summarize some of the key highlights and examples from “Action reported against commitments made during the 13th Pacific Health Ministers Meeting”.

Universal health coverage and primary health care

Since the previous PHMM in 2019, PICs have continued to make progress towards UHC, including by scaling up access to, and the quality of, primary health care.

Plans, policies and legislation continued to be strengthened, including in the five countries that developed national health strategic plans: Kiribati, Nauru, Papua New Guinea, Tuvalu and Vanuatu. Similarly, a Pacific-specific collaborative approach was harnessed for the development of National Surgical, Obstetric and Anaesthesia Plans (NSOAPs). Fiji’s NSOAP has been finalized. Tonga completed its first draft, while Cook Islands, Kiribati, Palau and Vanuatu have initiated development of their plans. Meanwhile, Vanuatu finalized its Reproductive, Maternal, Neonatal, Child and Adolescent Health Policy, integrating service delivery for mothers and children from pre-pregnancy through delivery, the immediate postnatal period, childhood and adolescence. Similar policies are being developed in Fiji, Kiribati and Tonga.

Community involvement in health service provision was strengthened to maximize health outcomes. In Kiribati, Solomon Islands and Vanuatu, for example, guidelines and tools were developed and on-the-job training was provided for nurses engaging communities in the provision of primary health care. Supportive supervision, a process of helping staff to improve their own work performance continuously, was initiated in Kiribati and Solomon Islands.

Pharmaceutical governance and regulation received a critical boost during the pandemic, not least through the initiation of the establishment of a subregional platform for pharmaceutical governance, bringing together chief pharmacists from across the Pacific. This platform is supporting countries to initiate the development of comprehensive medicine regulations with appropriate legislative frameworks.

Infection prevention and control (IPC) similarly received increased attention as a consequence of COVID-19. Tonga and Tuvalu, for example, finalized their national IPC guidelines, while Fiji, Papua New Guinea, Solomon Islands and Vanuatu recently endorsed their national IPC policies.

Health financing was also reassessed with an eye towards greater sustainability. In Kiribati, for example, the share of development-partner contributions channelled through government systems increased from 28% to 42% from 2015 to 2019, giving the Government much better oversight and control of national health plans and budgets. However, despite substantial increases in both domestic and external funding to support responses to the pandemic, the tracking of health expenditures, both on and off system has deteriorated since 2020 in most countries.

2 WHO, Global Health Expenditure Database: https://apps.who.int/nha/database/ViewData/Indicators/en
Finally, steps were made to improve access to quality water, sanitation and hygiene (WASH) in health-care facilities – a need highlighted by COVID-19. Fiji, Kiribati, Solomon Islands and Vanuatu initiated assessments to close their data gaps and serve as a baseline for further improvement.

Health workforce

The pandemic highlighted the importance of having access to a sufficient number of competent and equipped health-care staff, and countries and areas in the Pacific made further progress in strengthening their health workforce. In 2020, for example, PICs initiated implementation of National Health Workforce Accounts (NHWA) to guide the strengthening of health workforce information and its use for evidence-based decision-making. The Federated States of Micronesia and Tonga initiated the development of National Human Resources for Health Information Systems (HRHIS).

Chief nursing officers also worked together towards the establishment of a subregional Quality Improvement Programme for nursing in PICs, aiming to address the shortage of nurses. A scoping review was conducted in 2020 culminating in the production of a road map for this area of work.

Additionally, Solomon Islands initiated the review of its Nursing Council Act. Kiribati and Solomon Islands developed a continuous professional development strategy and package for the primary health care nurses. PICs also continued to develop guidelines and training packages to strengthen the provision of sexual and reproductive health services including family planning. Kiribati and Solomon Islands completed reviews of their national midwifery curricula, while Fiji, Samoa and Tonga initiated their reviews.

Health information

While each PIC’s health information system (HIS) is unique, the various systems share similar constraints and challenges related to the lack of sufficient connectivity, interoperable software, a sufficiently skilled workforce and a trusted enabling environment. These limitations were dramatically exposed in the COVID-19 pandemic – for example, in the lack of available electronic immunization registries to track COVID-19 vaccinations.

However, COVID-19 also prompted a marked acceleration in digital health, including telemedicine, remote monitoring for chronic conditions and enhanced contact tracing applications. This spurred on the completion of digital health country profiles and maturity assessments in several countries. Fiji, Samoa, Tonga and Vanuatu were the first countries to develop and implement digital health strategies in the Pacific, with Fiji already having completed a midterm review of its strategy’s implementation, with plans to develop a second iteration based on the review’s findings. Kiribati, meanwhile, has developed a digital health strategy focused specifically on primary health care. Cook Islands and Solomon Islands are in the process of developing their digital health strategies.
Health security

COVID-19 has further underlined the fact that the same core capacities and systems that are called for under the International Health Regulations (2005) and the WHO Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) have a critical role to play in any emergency response – whether that is a pandemic caused by a coronavirus or a climate-change-fuelled disaster. Building on the progress made under APSED III before the pandemic, PICs already had been making investments in health security systems and capacities that will benefit the response to COVID-19 and future health emergencies.

Epidemiological skills and practices, for example, were strengthened across the Pacific. Through the Strengthening Health Interventions in the Pacific – Data for Decision Making (SHIP-DDM) programme of the Pacific Public Health Surveillance Network (PPHSN), training in COVID-19 surveillance, contact tracing, and investigation and management of disease outbreaks was provided to five countries in the Pacific: Kiribati, Nauru, Tonga, Tuvalu and Vanuatu. The surveillance cell under the Pacific COVID-19 Joint Incident Management Team also provided technical guidance and materials related to surveillance and outbreak management.

Molecular testing capacities were rapidly strengthened in 23 Pacific laboratories with the establishment of new RT-PCR testing facilities in eight PICs: Cook Islands, Fiji, Kiribati, Palau, Papua New Guinea, Solomon Islands, Tonga and Vanuatu. Additionally, more than 20 Pacific laboratory scientists and clinicians were trained to conduct COVID-19 testing, ensuring reliable, timely and quality-assured results. Four countries showed improvement in the quality of their laboratory practices following SLIPTA/ISO 15189 audits.

Risk communication and community engagement (RCCE) were strengthened, particularly through the establishment of new partnerships and the use of social listening systems to inform the response to COVID-19.

Delivery of essential health services – Immunization as an example

Immunization was a key area of focus for many countries over the past two years – not only during the pandemic but also in the wake of several large-scale measles outbreaks in 2019.

PICs have been adapting the Immunization Agenda 2030 and the strategies contained in the Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific (2021–2030) and making progress towards achieving high vaccination coverage for all the vaccines in the national immunization schedule.

Immunization services continued in most PICs during the COVID-19 pandemic. However, few countries reported temporary suspensions or scaling back of immunization services, particularly as staff were repurposed for COVID-19-related activities. There were also reports of a decline in people seeking routine immunization.

This is affecting vaccination coverage and the level of protection provided across the Pacific. Several PICs experienced declines in coverage for measles-containing and diphtheria-tetanus-pertussis (DTP) vaccines, for example. Fiji reported two laboratory-confirmed measles cases in late 2021 and immediately conducted a vaccination campaign to prevent the
transmission of the virus. Similarly, Kiribati reported whooping cough outbreaks in 2021 and conducted a DTP vaccination campaign.

PICs including Solomon Islands and Vanuatu are using an electronic registry for COVID-19 vaccinations that has potential to transition from paper-based routine immunization information systems to electronic, person-based registries. Countries are increasingly adopting systems based on the Pacific Immunization Data Blueprint.

To reduce the burden of disease, many countries in the Pacific have introduced new vaccines into routine immunization schedules. Nauru and Tuvalu introduced three vaccines – rotavirus, pneumococcal conjugate vaccine (PCV) and human papillomavirus (HPV) vaccine – in 2021. Samoa, Tonga and Vanuatu introduced rotavirus and PCV in 2021, while Solomon Islands introduced the rotavirus vaccine into its routine immunization system.

Meanwhile, almost all PICs are progressing well with COVID-19 vaccinations, with several having reached most of the eligible population with two doses of vaccine.

Furthermore, PICs have improved the monitoring of, and response to, vaccine hesitancy. Vaccine hesitancy data collected through the WHO/United Nations Children’s Fund annual reporting form on immunization, as well as through social listening systems, are being used to inform community engagement and communication. A Regional guide for programme managers in the Western Pacific on strategies for assessing and addressing hesitancy, building acceptance and sustaining vaccination uptake is being adapted by PICs for local action.

**Why urgent action is needed now**

The COVID-19 pandemic further highlighted the need to build stronger systems and urgently advance UHC, as it unmasked the fragility of health systems and existing inequities in health and beyond, including the economy.

The economic impact of COVID-19 in PICs has been substantial. Almost all countries and areas went into recession in 2020 and 2021. Encouragingly, since the start of the pandemic, resources for health in PICs have been maintained or have increased. Most governments provided additional domestic allocations to health in 2020, and anecdotal data suggest that the health sector continues to be prioritized in 2022 fiscal year budgets.

Given the substantial investment of financial and political support in COVID-19 response efforts, it is important to leverage this for longer-term impact. For example, the focus given to increasing capabilities in epidemiological investigation and surveillance for COVID-19 could potentially be an entry point for building functional and integrated national health information systems. The experience with COVID-19 has also shed light on many usually overlooked, under-resourced areas of work, such as IPC, laboratory systems, risk communication and WASH in health-care facilities. PICs and partners can and should strive for progress now, using available resources.
Recommendations to be considered by the ministers

Recommendations for governments

1. Prioritize the collation and analysis of country data for the UHC Service Coverage Index. Use this regular monitoring and analysis to inform annual workplans and budgets.
2. Strengthen integrated service delivery across the different levels of health care, including outreach, referral pathways and overseas medical referrals. Where possible, explore opportunities to strengthen primary health care services with a focus on supportive supervision and community engagement.
3. Review and revise public health legislation and governance structures to enable effective, whole-of-government and whole-of-society responses to future health emergencies and pandemics.
4. Contribute to subregional mechanisms for cooperation, knowledge exchange and resource sharing, such as:
   - The ongoing work on the subregional platform for regulation of medical products (implementation of the commitment made during the 13th PHMM).
   - The ongoing work on the subregional Quality Improvement Programme for Nursing, with a focus on education and regulation (implementation of a commitment made during the 12th PHMM).
   - The ongoing work on the use and strengthening of the Medicines Quality Control Laboratory in Papua New Guinea, which could support subregional collaboration.
   - The development of a Public Health Laboratory Network across the Pacific.
5. Work with key stakeholders, including those beyond the health sector, to identify at least one COVID-19 response intervention per country that could be invested in and harnessed to facilitate sustainable health systems strengthening (for example, laboratories, digital health, health workforce and community engagement).

Recommendations for development partners

1. Support PICs in adopting and implementing sustained, future-oriented action informed by country data analysis that is used to prioritize workplans and budgets each year for better-targeted UHC results. Ensure that partner resources deployed for the COVID-19 response result in long-term systems strengthening. Wherever possible, put plans in place for a transition to full country ownership.
2. Ensure that support provided is on plan, on budget and on system to improve transparency and accountability, to reduce systematic fragmentation and the potential for overlaps and gaps, and to support the transition to full country ownership.
4. Support the strengthening or establishment of subregional mechanisms for cooperation, knowledge exchange and resource sharing, such as:
   - The subregional platform for regulation of medical products (implementation of the commitment made during the 13th PHMM).
   - The subregional Quality Improvement Programme for Nursing, with a focus on education and regulation (implementation of the commitment made during the 12th PHMM).
   - The Medicines Quality Control Laboratory in Papua New Guinea and potential opportunities for subregional collaboration.
o A specialized public health laboratory network.
o A network or platform for making Overseas Medical Referrals an effective, efficient and equitable part of national health systems.