# Sustainability and transition in the AMRO/PAHO Region

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#### Content

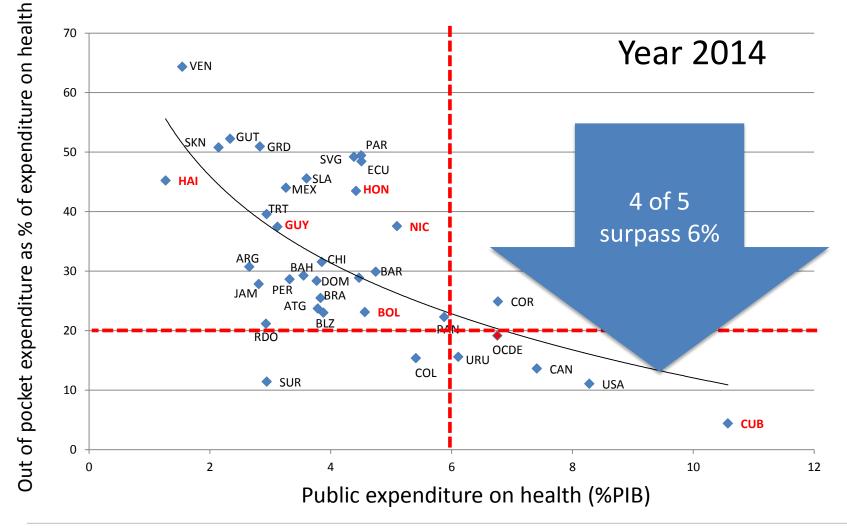
- Context
- What are we doing?
  - PAHO' strategy
  - Developing a conceptual framework
  - Advocacy
  - Fiscal space and Costs studies
- Comments







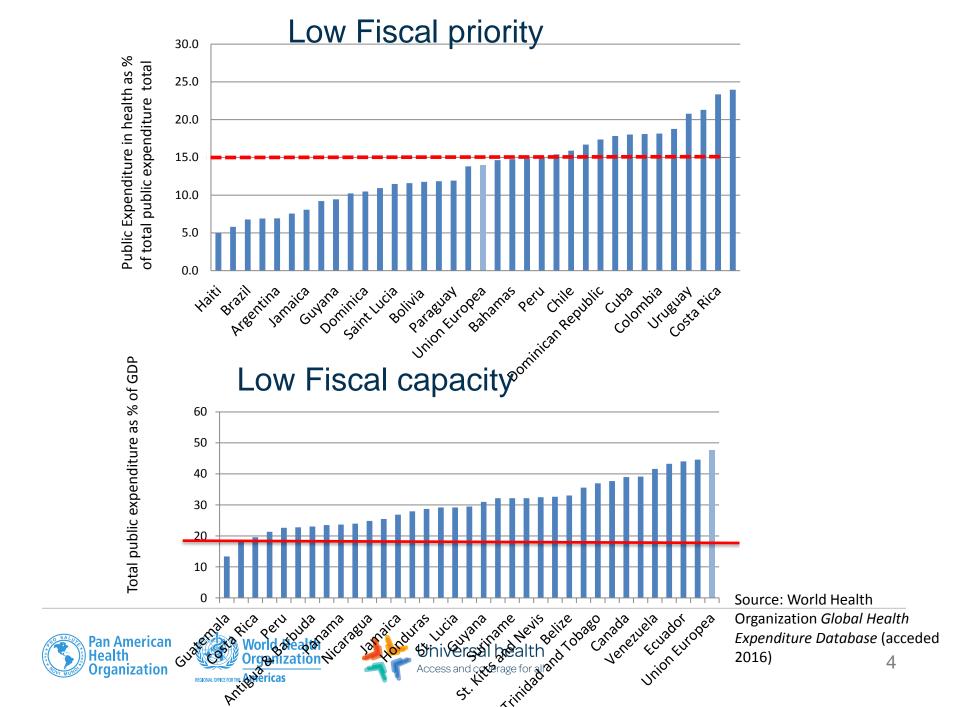
## Financial diagnosis of the Region...











# Other challenges in sustaining the response: the books

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## Both can be:

Perpetuated by the vertical nature of some public health programs and their lack of integration at the service delivery level







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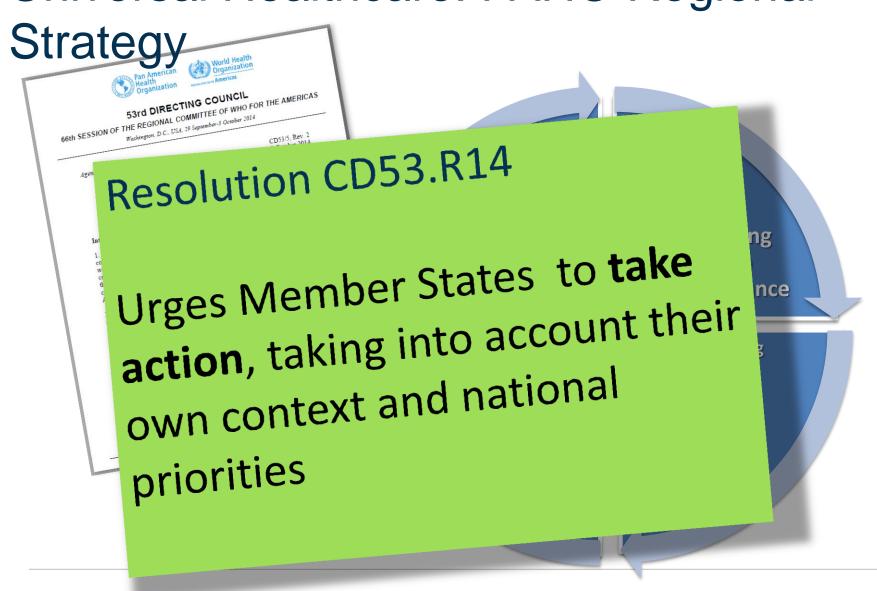
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# Universal Healthcare: PAHO Regional









## Developing a Conceptual Framework

Authors – year and titles	Main Objective	Dimensions of Sutainability	Factors/attributes that influence sustainability	Factors that influence integration	To which programs do they apply?	Main conclusions
Oberth & Whiteside (2016)  What does sustainability mean in the HIV and AIDS response?	Conceptualize sustainability in a context of decrease of international aid and focused on the handover of programs (3 examples of transition)	<ul><li>1.Financial</li><li>2.Epidemiological</li><li>3.Political</li><li>4.Structural</li><li>5.Programatic</li><li>6.Human Rights</li></ul>	- 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?	X	HIV/AIDS	- Deal with the 6 dimensions simultaneously - Continuous monitoring - Foreign aid can still be needed for particular population groups.
Pluye, Potvin, Denis (2004)  Making public health programs last: conceptualizing sustainability	Under which organizational structures is sustainability enhanced and when it begins it is supported by the institutional learning process and newinstitutional arrangements (systematic review)	Centered in 2 dimensions:  1. Structural (social structure and organizational characteristics)  2. Temporary	-Routine (memory, adaptation, values, rules) -Standarization -Simultaneous processes of planning and implementation	In my opinion sustainablity and intehration appear En mi opinión sostenibilidad e integración aparecen bastante mixed on both dimensions (Routine and standarization)	It is a general framework, despite that the example focuses on a promotion program.	3 levels of sustainability (non routine activities, routine and standarized routines) Does not consider sustainability as a final stage, but concomitant.
Shigayeva & Coker (2014)  Communicable disease control programs and health systems: an analytical approach to sustainability	Propose a conceptual framework to analize sustainability and clear the general notions over sustainability and integration, based on systematic reviews.	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) *resillience is mentioned	-leadership (capacity to lead, govern and manage) "champions" -capacities (resources, planing, implementation and evaluation capacity) recursos y capacidad de planificación, -flexibility/adaptability -interactions (relarelated to integration and achievement of the objectives) - context (including donors that promote verticality of programs being a limitation)	They are not factors, but levels of integration: links, coordination and full integration within the actors through the continium of greater formality in the governance, sharing responsiblities in joint activities, and pooling of the resources.	Regardless its focus on transmissible diseases, it is still applicable.	- 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.

# Proposed sustainability dimensions



# Strong health systems

- Programatic sustainability
- Human rights
- Political and Epidemiological sust.
- Partnerships
- Financial sustainability

Structural sustainability

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.

Increase of PEH as % of GDP. Scenarios of fiscal expansion fiscal and two levels of fiscal priority.

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







**Source:** PAHO from Collecting Taxes Database 2010/2011, BID -CIAT v ECLAC

(2) Fiscal priority of 15 % of Total Public Expenditure.

<sup>(1)</sup> Current priority fiscal levels

### 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
  - Incresing public financing
- In other words, integrating programs into the improved health system





