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Saint Lucia

White Paper on Universal Health Coverage

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Acronyms and Abbreviations

BBP	Basic Benefit Package
BCG	Bacille Calmette-Guérin
CARPHA	Caribbean Public Health Agency
CDB	Caribbean Development Bank
CHN	Community Health Nurse
CMS	Central Medical Store
COVID-19	Coronavirus Disease
CVD	Cardiovascular Disease
DALYs	Disability Adjusted Life Years
DM	Diabetes Mellitus
DMO	District Medical Officer
EML	Essential Medicines List
ENAP	Every Newborn Action Plan
EPHS	Essential Package of Health Services
GDP	Gross Domestic Product
GOSL	Government of Saint Lucia
HCI	Human Capital Index
HDI	Human Development Index
HF	Health Financing
HMIS	Health Management Information System
HRH	Human Resources for Health
HRIS	Human Resources Information System
HSS	Health Systems Strengthening
HSSP	Health Systems Strengthening Project
LMICs	Low- and Middle-Income Countries
MMR	Measles, Mumps, and Rubella
MOHWE	Ministry of Health Wellness and Elderly Affairs
NCDs	Noncommunicable Diseases
NGOs	Non-Governmental Organizations
NIC	National Insurance Corporation
NHIS	National Health Insurance Scheme
OECS/PPS	Organization of Eastern Caribbean States/Pharmaceutical Procurement Service
OKEU	Owen King European Union
OOP	Out-of-Pocket
PAHO	Pan American Health Organization
PBF	Performance Based Financing
PFM	Public Finance Management
PHC	Primary Health Care
PHN	Public Health Nurse
PwDs	Persons with Disabilities

QI	Quality Improvement
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SLNET	Saint Lucia National Eligibility Test
SLUHIS	Saint Lucia’s Health Information System
SOPs	Standard Operating Procedures
SSDF	Saint Lucia Social Development Fund
STGs	Standard Treatment Guidelines
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UHC	Universal Health Coverage
UN	United Nations
VAT	Value Added Tax
WHO	World Health Organization
WTO	World Trade Organization
YLL	Years of Life Lost

Foreword by the Hon. Moses Jn. Baptiste

The Epidemiological profile in Saint Lucia has been changing from primarily communicable diseases in the first half of the 20th century to non-communicable diseases in the latter half of the century. Communicable diseases have been controlled by improved sanitation, immunisation programmes and access to antibiotics. Non-communicable diseases demand more complex lifestyle changes and access to more sophisticated health services. The changing epidemiology and public expectation have created pressure in the health system shifting resources from primary care to secondary and tertiary care services resulting in a more expensive health system. This situation can give rise to greater inefficiencies. The public health providers are further constrained by an inefficient public sector financing mechanism and public service system that does not allow flexibility for health providers to be creative or to be responsive to public health needs. The result is a high level of frustration at all levels. The Government of Saint Lucia believes that Universal Health Coverage (UHC) is the Government's opportunity to address many of these problems.

The Government of Saint Lucia has recognized the need for an effective and functioning Public Health Care System, particularly during the Covid-19 Pandemic. Universal Health Coverage allows for such a system. UHC is a health care system in which all the residents of a country are assured equitable, quality and affordable services without the risk of financial hardship.

Our mission at the Ministry of Health, Wellness and Elderly Affairs, is to accelerate progress towards universal health coverage through health systems strengthening and providing health security. Our desired goal is to foster good governance in the health sector with the development of robust national policies, so as to enhance the quality of services rendered to our people in a timely manner. The Ministry continues to work assiduously towards health care reform, by strengthening our national capacity in planning and health financing which we believe will ultimately improve service delivery, financial risk protection and health equity for all. The Public will need to buy into this Health Care Reform. Social solidarity is a necessity to attain UHC. Everyone must be a part of the journey towards attaining UHC.

This White Paper will provide guidance on obtaining Universal Health Coverage in Saint Lucia. The Paper was prepared by engaging stakeholders through key informant interviews and focus group discussions. Six Strategic Policy pillars are considered in this White Paper for Universal Health Coverage**:** (1) Leadership and Governance; (2) Service Delivery; (3) Health Financing; (4) Health Workforce; (5) Medical Products

Vaccines and Technologies; and (6) Health Information System. The key findings from the consultations at various levels are included within this Paper.

The Government of Saint Lucia will continue to demonstrate its commitment to UHC as a political priority through our fiscal choices and increasing investment in and the financing of healthcare for our citizens.

The Ministry of Health wants to thank its staff members for their hard work, partners from the public and private sector, sister islands and countries (regionally and internationally), and the World Bank for their unwavering support in developing this White Paper. Together, we can achieve Universal Health Coverage for Saint Lucia.

The Honourable Moses Jn. Baptiste

Minister

Ministry of Health, Wellness and Elderly Affairs

Preface

The population's access to health care is a longstanding priority of the Ministry of Health, Wellness and Elderly Affairs (MOHWEA), and is at the heart of the vision of Universal Health Coverage (UHC). UHC aims to improve the health care system to provide equitable access to health care for all, thus eliminating disparities and barriers at all levels of care embracing innovations in all forms. The Government of Saint Lucia adopts the World Health Organization's definition of Universal Health Coverage, which is based on the principle that all individuals and communities should have access to quality essential health services across the full spectrum of care without suffering financial hardship. However, access to care can be affected by restricted policies such as health care budgets, increased fees or co-payments for insurance coverage, and cuts in social protection measures.

The severe impact of chronic conditions, such as diabetes or hypertension on health and the economy is well known. Chronic conditions affect people of all ages including the young. Although some diseases are preventable to some extent others are not. Patients with chronic conditions and their families have been recognized as a group that is subject to specific vulnerabilities. Co-morbidities with multiple diseases are increasing at a significant rate and pose a particular burden for patients, their families, as well as specific challenges to health care delivery, health care organization, and financing. **Ensuring the future sustainability of the health system is key to realizing smart and inclusive economic growth.**

Over the past decade the above-mentioned challenges have led to growing demand for healthcare and subsequent pressures on public budgets. Patients are suffering financial hardship as a result of healthcare costs, which for many means reducing spending on essential needs such as food and clothing, or postponing care, which can result in complications, hospitalization, worse health outcomes, and ultimately more costs for both patients and the healthcare system. Affordability of healthcare, particularly of medicines, has become an urgent priority for patients and policy makers, concerned about the impact of new medicines on their health care spending.

A strong, efficient and well-run health system is a key cornerstone of universal health coverage. A sustainable strategy is embarked upon to reduce the burden on secondary care by strengthening frontline primary health care and by strengthening the health policy framework. Attaining UHC requires the development or improvement of important *Health Care Pillars,* such as Service Delivery,

Human Resources for Health, Health Information System, Medicines, Vaccines and Equipment, Health Financing, Legislation and Governance.

The Government of Saint Lucia aims to provide the population of Saint Lucia with an Essential Package of Health Services (EPHS) under UHC. There are five main deliverables as per Cabinet Conclusion No. 129 of 2022 under phase 1 of UHC: (1) Hypertension and diabetes screening and treatment under the PBF; (2) Expanded coverage of strengthened quality Maternal and Child Health services; (3) Analysis on the possible inclusion of dialysis and cancer screening; (4) Registration of the population with the possible use of a health card; and (5) Creation of a UHC Unit to facilitate implementation.

These services are to be delivered primarily at the primary level of care and it is expected to address a major share of the burden of disease affecting the population. Phase 1 of the Universal Health Coverage started with the establishment, in August 2022, of a UHC Unit within the MOHWEA, followed by the rollout of improved ***Maternal and Child Health Services*** in June of 2023, where expectant mothers can access laboratory tests and ultrasounds for their pregnancy at no cost through Primary Wellness Centers. In August of 2023, the ***Performance Based Financing (PBF) Pilot*** was launched providing screening risk assessment and management of ***Diabetes and Hypertension***. The management of these diseases includes laboratory tests and medication at no cost to patients who access PBF primary care facilities. Other upcoming health services from the Essential Package of Health Services to be launched are geared towards ***Cervical Cancer, Prostate Cancer, and Management of Snake Bites*** during the financial year of 2024. These will be followed up in 2025 with services for ***Chronic Kidney Disease and Coverage of Deliveries at Hospitals*** in 2025.

The ***Health Financing Policy and Strategy*** has been developed and will be further discussed with relevant stakeholders from the public and private sectors. Prior consultancies have been held to conduct a Human Resource for Health and Equipment Needs Assessment for UHC. An assessment of our Health Information System was also conducted with plans to develop a ***Digital Health Policy and Strategy***. Other important Consultancies include the development of the ***Registration Policy for UHC, Quality Improvement Program for UHC,*** and development of ***UHC Business Rules with legal support***. It is expected that a 'patient-centered care' approach will be adopted, where individuals feel satisfied that their specific needs and desired health outcomes drive quality health care services within a trusted environment.

It is important that the public is kept abreast with the activities related to UHC. A comprehensive UHC Communication plan was developed and approved by the Cabinet of Ministers. This plan will

ensure that the public is adequately informed, and an avenue is available to the public to provide feedback where necessary.

Consequent to the foregoing, there is need for a White Paper which will serve as a guide to develop, implement, improve, and contribute towards our health care reform. The White Paper will ensure that UHC is seen as a collaborative effort by stakeholders from the public and private sectors, and everyone has ownership to accelerating progress towards attaining UHC in Saint Lucia.

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Acknowledgements

This White Paper on UHC was developed by UHC Drafting Committee, under the guidance of the UHC Unit, with support from a lead drafter from the Ministry of Health, Wellness and Elderly Affairs (MOHWEA), Lydia Atkins, CEO of St Jude Hospital, and a co-lead drafter, John Osika, Consultant, engaged by the World Bank. The strategy was a collaborative effort involving the Ministry of Health, Wellness and Elderly Affairs (MOHWEA), and representatives from various agencies. These agencies included the Ministry of Finance, Economic Development and Youth Economy, the Office of the Accountant General, and the Office of the Prime Minister, all of whom were key contributors to the work detailed in this report.

The Ministry of Health, Wellness and Elderly Affairs extends its heartfelt thanks to World Bank Officials, Dr. Edit Velenyi (Senior Economist, Task Team Leader), Cointha Thomas (Consultant), Sheila O-Dougherty (Consultant), and Wuleta Lemma (Consultant) for their active participation and facilitation in the development of this White Paper. Workshops and consultations have been supported under the World Bank-supported Saint Lucia Health System Strengthening Project.

Lastly, the Ministry of Health expresses immense gratitude for the financial support from the Korean World Bank Partnership Facility (KWPF) that made this initiative a successful reality.

The White Paper reflects PHC-based reform to accelerate progress towards UHC and supports the development of a more sustainable and equitable healthcare system, and a more resilient system that also leverages digital transformation.

1. Executive Summary

The White Paper on Universal Health Coverage (UHC) for Saint Lucia provides key policy directions and strategies for achieving UHC in the country. It outlines various aspects of UHC interventions, starting with the historical context and leading into interventions in leadership and governance, service delivery, health financing, health workforce, investing in medicines and health technologies, and the health information system. The policy directions aim to strengthen governance and leadership, enhance primary healthcare services with more autonomy at the facility levels, reform health financing to focus on output-based rather than input-based financing, address human resources for health, optimise medical products and technologies, and improve the health information system. These policy directions are essential for achieving the vision of UHC in Saint Lucia, which aims at ensuring universal access to affordable essential health services. The document emphasises the need for effective implementation of these policy directions to support the realization of UHC in Saint Lucia. In particular, the white paper outlines the importance of modernizing the Health Management Information System (HMIS), building a resilient health system, the role of the UHC Implementation Unit and the UHC Committee, and addressing stakeholder communications and engagement. To achieve UHC in Saint Lucia, digital health solutions should be integrated into the broader ecosystem. Initiatives such as telemedicine, electronic health records (EHRs), and mobile health solutions will enhance healthcare access, efficiency, and quality. They are foundational to efforts to expand access to health care services in remote areas and achieve health monitoring in real-time. Integrating digital health into our UHC strategy will ensure a resilient, adaptive, and modern health system capable of addressing current and future health challenges effectively. It also highlights potential challenges to implementation and plans for mitigation.

The UHC White Paper has been informed by a number of critical consultancies from the World Bank funded Health System Strengthening project; (i) Health Financing Policy and Strategy, (ii) PBF Institutionalization Strategy, (iii) National Referral System, and the (iv) Health Information System Rapid IT Assessment.

2. Rationale, Motivation and Objectives

2.1 Introduction: A Global Perspective

The United Nation's Sustainable Development Goal number 3 (SDG-3) (1) aims to achieve Universal Health Coverage (UHC) by 2030. The inclusion of UHC in the SDGs presents an opportunity to promote a comprehensive and coherent approach to health, focusing on health systems strengthening (HSS). The available literature indicates that UHC strategies help to improve health service coverage, utilization and health outcomes, and address inequities in financing (1–5).

UHC is based on the principle that all individuals and communities should have access to quality essential health services across the full spectrum of care without suffering financial hardship (6). This recognizes UHC as a fundamental human right that has a direct impact on both individual health and wellbeing and the overall health of the population allowing people to be more productive.

Hence, **UHC not only contributes to better health (SDG3), but it also contributes to other SDGs, ranging from (SDG1) poverty reduction to (SDG8) economic growth and job creation and is a critical component of sustainable development**. Global commitment to UHC requires governments to address the social determinants of health, such as education, living conditions and the wider set of factors and elements that affect people's health and their access to services. While the bulk of responsibility for achieving UHC lies with the health sector, multisectoral action is required. A number of country studies have demonstrated that UHC helps to reduce inequalities in access to health services and increase utilization across sociodemographic groups, particularly for people with limited financial resources (2–5).

Despite the significant global progress that has been made towards UHC, significant challenges remain for Low-and Middle-Income Countries (LMICs) where there remain large coverage gaps, particularly for the poor and marginalized segments of the population (7–9). Despite advances made in reducing the burden of communicable diseases, especially vaccine preventable diseases, there remains unmet need for sexual and reproductive health services, infant and maternal health services. According to the WHO, noncommunicable diseases (NCDs) are the leading cause of death globally and account for 71% of the total number of deaths annually, with 77% of these deaths occurring in LMICs (10,11). NCDs represent a critical health and economic challenge, responsible for a staggering 75% of all deaths in the Caribbean, with cardiovascular diseases, cancer, and diabetes leading the grim statistics. The economic ramifications are profound, estimated to range between 1.36% and 8% of GDP. This results in low productivity at the regional and country levels, with devastating impacts on individuals, families, and households. This is associated with unhealthy lifestyles, inappropriate care models to manage NCDs, and service coverage gaps for NCDs, as shown in global statistics. Coverage

for NCDs is also inadequate in the Caribbean as a whole and Saint Lucia in particular. Out-of-pocket (OOP) expenditure on health further creates financial hardships and remains high in many countries, pushing over 183 million people into poverty every year (12). NCD-related expenses have been recognized as OOPs drivers (e.g. drugs, specialist care due to inadequate spending on prevention, etc.). OOP expenditures in Saint Lucia are high. The Public Expenditure Review (PER) for Saint Lucia of February 2021, showed that for categories of private expenditures on health, 40% were household OOP and 12% premiums (11% prepaid by companies and 1% by individuals). As a result, achieving UHC remains an important challenge for many countries globally, and Saint Lucia in particular.

There has been increased recognition of the importance of effective and functioning public health systems, while the world continues to grapple with the impacts of COVID-19 and heads for further challenges due to climate change. **The COVID-19 pandemic posed a serious risk of reversal of gains around the world, towards achievement of Universal Health Coverage.** The delivery of many essential health services was disrupted due to lockdowns that in some cases prevented or constrained access to health services. Immunization services for children for example were affected as parents had constraints to maintaining the routine immunization schedules. School health services were halted as schools were closed due to COVID-19 control measures. Human resources for health were invariably diverted to respond to COVID-19, while essential basic health services received secondary priority. The macroeconomic landscape tightened in many countries as countries mobilized financial resources to target COVID-19 at the expense of other health conditions.

Building resilient health systems after the experience of COVID-19 is therefore important for the achievement of UHC. Many countries, in the 21st century and particularly during the pandemic, have made renewed commitments towards advancing Universal Health Coverage (UHC). The pandemic was a watershed moment and the opportunities that can be leveraged for UHC abound. Healthcare systems were strengthened and invested in during the pandemic and vaccine nationalism spurred discussions about investing in healthcare in Saint Lucia amid fears of "being left behind". However, in many countries, the COVID-19 budget increases were temporary. Saint Lucia is aiming at more sustainable and proactive (rather than reactive) strategy to invest in health system resilience by applying a PHC-based reform agenda. Sustaining investments in the health sector, particularly boosting targeted investments in primary health care, remains critical to the expansion of service coverage and improvement of financial protection.

Health Systems Strengthening (HSS) is therefore critical for achieving UHC. While countries have made substantial investments in HSS in the last two decades, progress towards UHC has been highly variable, both across and within countries and across different dimensions of UHC. This is not

surprising given the complexity and context-specific nature of health systems. The disparities in progress point to the inherent challenge for countries to sequence and coordinate HSS efforts. It is argued that progressive pathways towards universality may require policies and strategies addressing "*trade-offs between coverage and equity to ensure that people who do not have access to affordable quality services gain at least as much as those who are better off at every step of the way toward universal coverage*" (13).

The Lancet Global Health Commission on Financing PHC makes the following top 3 recommendations: a) people-centred financing arrangements for PHC should have public resources provide the bulk of primary health-care funding; b) spending more and spending better on PHC requires a whole-of-government approach involving all ministries; and c) each country should plot out a strategic pathway towards people-centred financing for PHC. Similar efforts to strengthen health systems with emphasis on PHC have been made by the Lancet Americas Commission and Alliance for Primary Health Care in the Americas (A4PHC).

Lastly, governments must leverage digital health solutions to help eliminate healthcare delivery gaps, with improved processes and effective management of health data. Digital health solutions – such as telehealth, mobile health applications and EHRs – allow for increased health service coverage, utilization, and improved outcomes, providing a transformational force for UHC. By embracing cost-effective digital health solutions, Saint Lucia will be in line with global best practices in ICT and improving its ability to ensure universal access to safe, effective, timely and affordable healthcare services of desired quality, which in turn is critical to achieve UHC by 2030.

The purpose of this White Paper is to take stock of where Saint Lucia is in its journey toward UHC, aid decision-making, engage stakeholders and serve as a policy and implementation guide for the Government of Saint Lucia to attain UHC within a dynamically evolving context.

- It begins by setting the context for UHC and exploring our starting point in terms of understanding health policy goals, the current healthcare system, current and future health needs, and current fiscal space.
- It considers the major health systems building blocks and the polices required to prepare the Saint Lucia system for the implementation of Universal Health Coverage.
- Finally, the White Paper aims to provide a high-level roadmap for the approach toward UHC, addressing key design issues for Saint Lucia, such as the standard package of services to be covered by UHC, the model of service delivery, including leveraging information technology to expand quality essential health services, strengthening the mechanisms for funding UHC, and the next steps ahead to implement the roadmap. It will serve as a guide for actor groups

to develop, implement, reform, and contribute to the improvement of the health sector in Saint Lucia.

2.2 Historical Context

Universal Health Coverage is not a destination, it is a journey, a different journey for every country. The historical development for Universal Health Coverage in Saint Lucia can be divided into three periods, and the momentum towards UHC in Saint Lucia has been a 20-year journey. The current World Bank-supported Health Systems Strengthening project signed on to in 2018 takes stock of the country's progress towards UHC and to make recommendations on what is needed and closing the gap on the regulatory and policy framework required to accelerate its journey towards UHC.

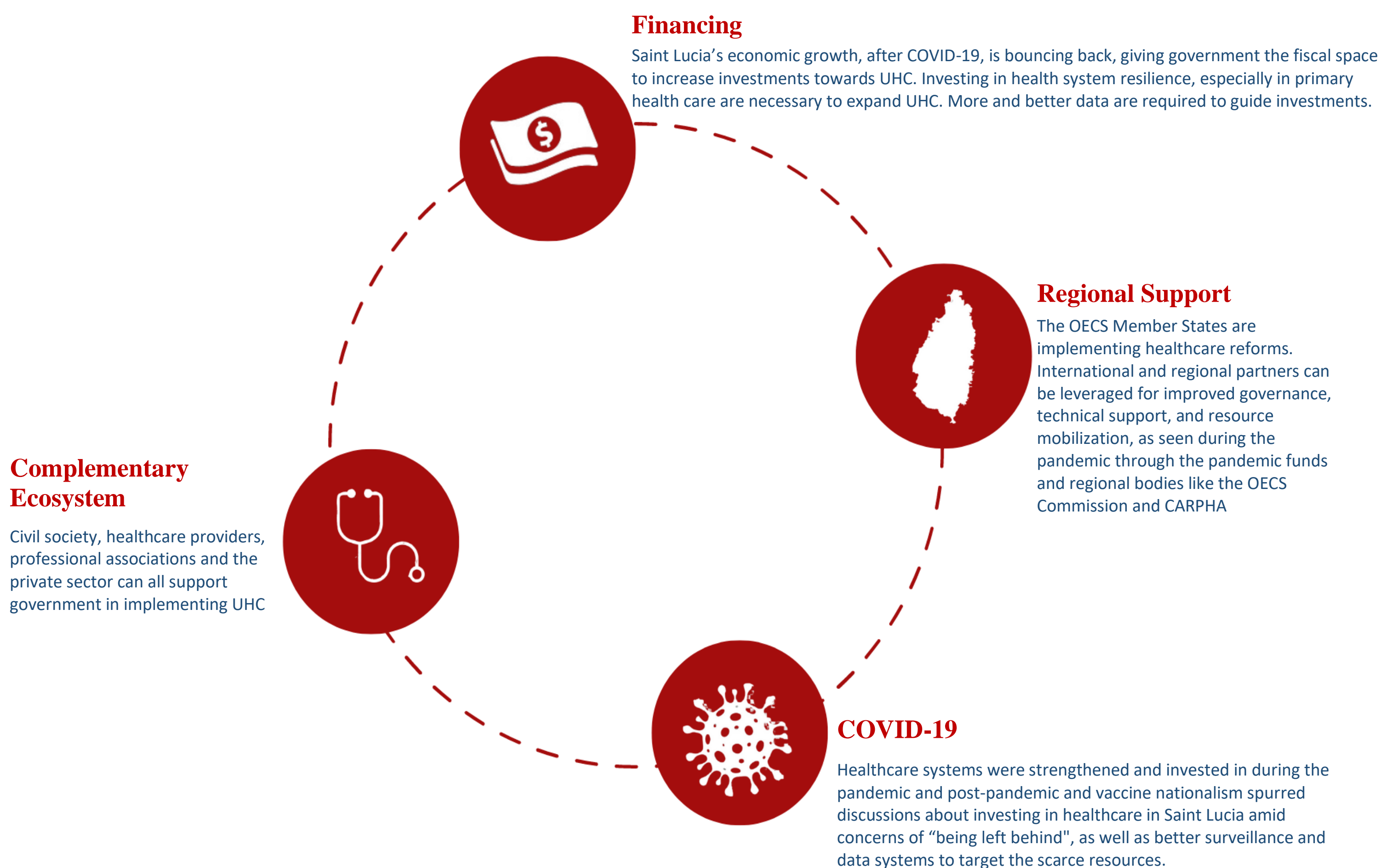
This white paper serves as a guide for stakeholders to develop, implement, reform, and contribute to improving the health sector in Saint Lucia.

Figure 1: UHC 20-Year Journey

The COVID-19 pandemic presented a watershed moment and the opportunities that could have been leveraged for UHC implementation (see Figure 2). It added a new sense of urgency to establish a universal health care system in Saint Lucia. Our current system, like many global health systems, and that of our region is inequitable, does not adequately cover vulnerable groups, is cost prohibitive and lacks the flexibility to respond to periods of economic and health downturns.

During the COVID-19 pandemic, countries with universal healthcare leveraged their systems to mobilize resources and ensure testing and care for their populations. Thailand and Taiwan credit their universal health care system with controlling the COVI-19 pandemic (14,15). Many countries in the region relied on regional and global partners to sustain such a population-based response to COVID-19. Consequently, the COIVD-19 pandemic has impacted the mindset of policy makers across the region who have realized that there is need for more investment on health system. It has provided an opportunity to reassess priorities and gave impetus to the renewed efforts towards UHC.

FIGURE 2: OPPORTUNITIES THAT WERE LEVERAGED AND GAVE IMPETUS TO THE RENEWED EFFORTS TOWARDS UHC



Especially in response to public health emergencies, digital health is essential to create resilient health systems. During times of crisis, telehealth and remote patient monitoring provide continuity of care and digital epidemiology tracks disease outbreaks. Such technologies provide the health system with a greater degree of flexibility and agility, making it more adaptable to new health challenges. Investing in digital health in Saint Lucia is both an essential part of the country's preparedness and recovery from health crises, and key to continued momentum towards UHC progress.

2.3 Health Policy Goals and Objectives

The foundation of UHC is that it is driven by *'political decisions'*. Top-level political leadership can demonstrate this by visibly and continuously reaffirming their commitment to health as a priority, a public good and a social goal. The success of UHC and other actors in implementing it is underpinned by the political support they receive. The state is the only stakeholder that can legislate UHC and is the only party with the human and fiscal capacity to undertake and implement a policy of this breadth and scope. Creating strong governance mechanisms around digital health is important. This refers to the data governance policies governing the privacy, security, and ethical considerations of roll out of a digital health solution. A centralized leadership structure should oversee the integration of digital health technologies, ensuring alignment with national health goals. Strengthening digital health governance in-country would position Saint Lucia to develop a reliable, secure, and functional digital health ecosystem to advance the broader UHC objectives.

Therefore, policymakers and state actors at an implementor level should be at the centre of UHC and take the lead role in coordinating the activities of other stakeholders and aligning agendas and skills.

At the heart of the Government's plans on UHC is a desire to improve the Saint Lucia health system's ability to achieve its core purpose. During his budget statement, in March 2022, on the estimates and expenditure for the fiscal year 2022-2023, the Prime Minister of Saint Lucia, specifically mentioned the prioritization of Universal Health Care Programme in the 2022-2023 budget for Saint Lucia.

This purpose has been articulated during the goal-setting exercise of the UHC White Paper Drafting Committee as:

- keep people healthy
- provide the healthcare that people need
- deliver high-quality services, and
- get the best value from health system resources.

Policymakers should demonstrate their commitment to UHC as a political priority through prudent fiscal decision-making and heightened investment in, as well as the sustainable financing of, healthcare. This strategic approach is anticipated to facilitate a shift in paradigm from reliance on external donors to fostering self-sufficiency and self-determination.

3. Methodology

3.1 Method applied to develop the UHC White Paper

The UHC white paper demonstrates the commitment of the Government and the citizens of Saint Lucia, to reshape the healthcare system and the future of healthcare in Saint Lucia. The White paper is:

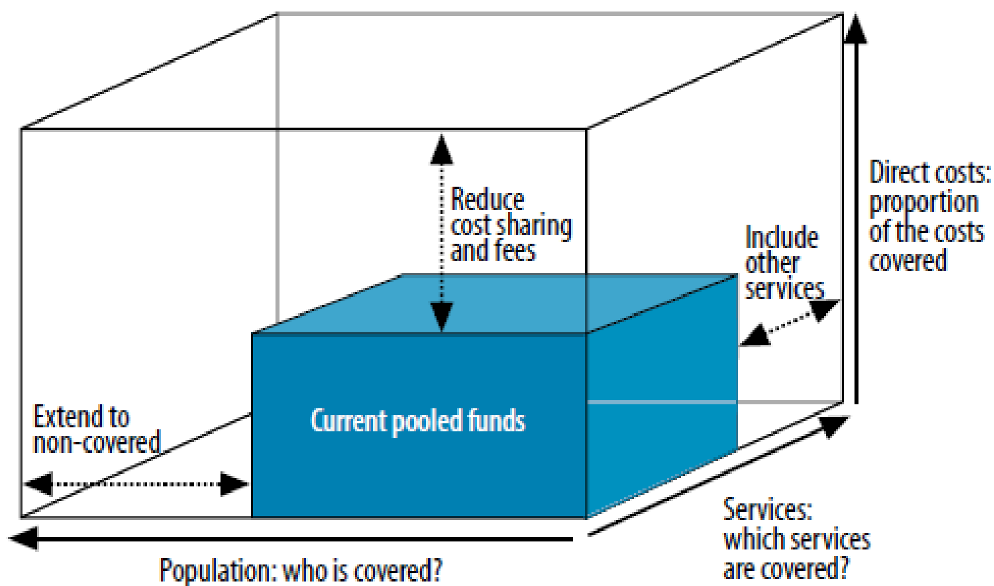
- based on global policymaking, including the Sustainable Development Goals, Global Action Plan for Healthy Lives and Well Being, Declaration on Primary Health Care in Astana (2018), UHC 2030 Compact, initiatives of UHC 2030, the Political Declaration of UHC adopted at the UN High-Level Meeting in September 2019, and The Lancet Global Health Commission on financing primary health care;
- guided by the work plan and work programme of the Ministry of Health, Wellness and Elderly Affairs' Health Systems Strengthening Project (HSSP), which provides a clear framework for action, including through diagnostics, and evidence-based policy development; and
- guided by insights from the Performance Based Financing (PBF) pilot, a cutting-edge program introducing a set of crucial reforms to advance UHC, including enhancing provider payments, quality improvements, and facility autonomy. Early results indicate increased utilization, higher quality of care, better access to drugs, better record keeping, more accountability and better planning at facility levels.

Saint Lucia has undergone multiple health sector reforms over the years with the aim of improving health outcomes. The prioritized policy actions in the UHC White Paper will act as a catalyst to transform the health system, efficiently mobilize, and allocate domestic resources to address changing health needs, and strategically leverage partners' resources for long-term sustainability.

This UHC diagnostic is applied to the three dimensions of UHC.

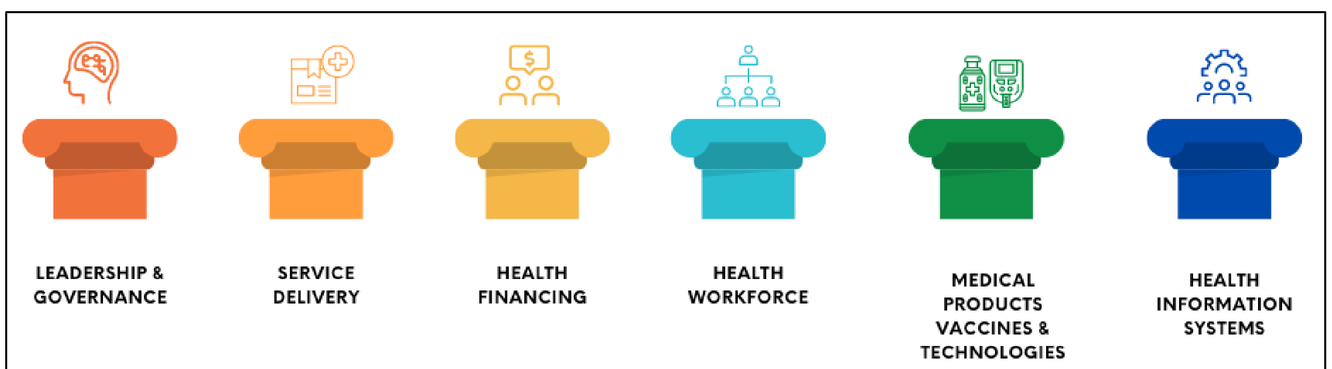
- ***Dimension 1 - Population Coverage (who is covered and who is not)***. The objective is to increase the percentage of the population that will benefit from a defined benefit package through pooled financing.
- ***Dimension 2 - Cost of Services provided (How much of the cost of care is paid directly by the population?).*** The objective is to reduce the Out-Of-Pocket (OOP) spending through increased financing and pre-paid risk pooling.
- ***Dimension 3 - Service Coverage*** **(*Which services are covered by the existing budget).*** The objective is to expand the scope of services that are paid for from pooled financing.

FIGURE 3: UHC CUBE



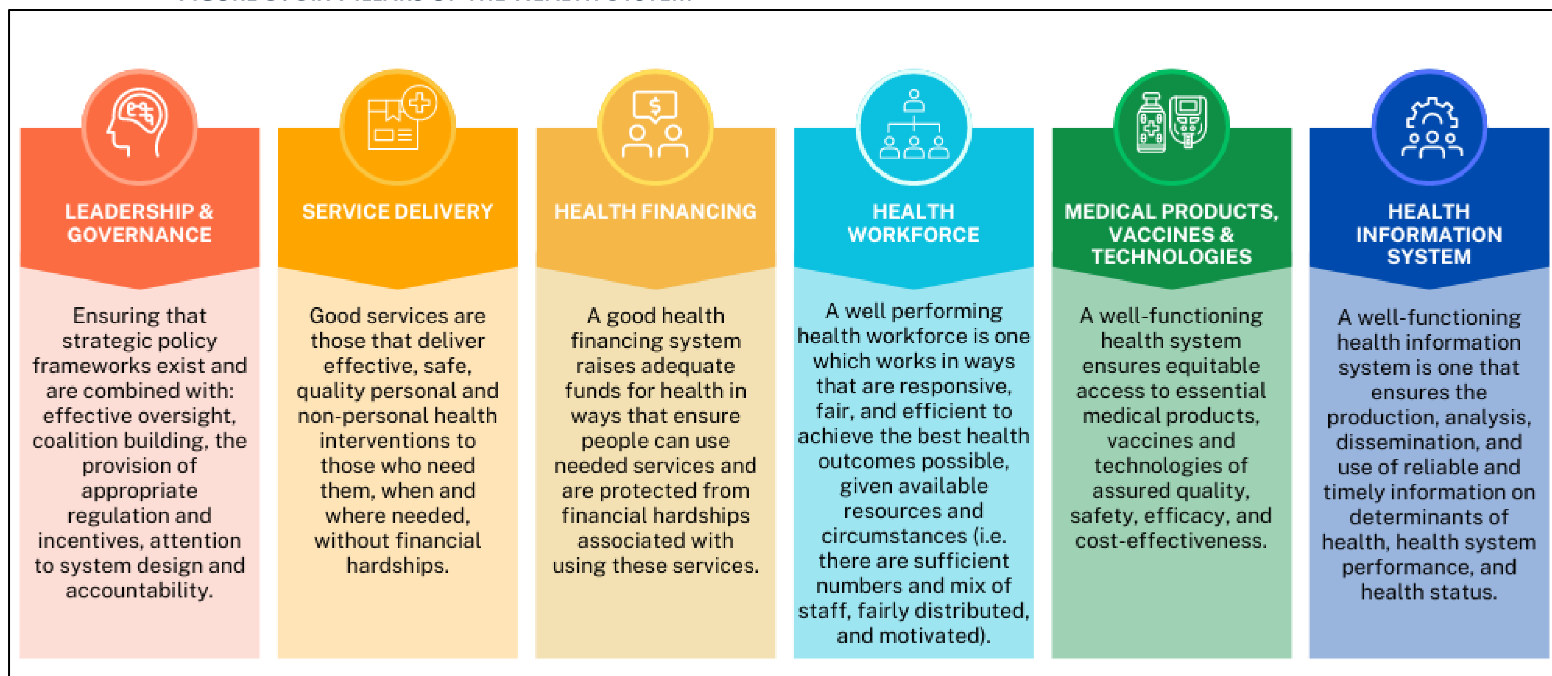
This White Paper addresses UHC in Saint Lucia by (i) identifying existing evidence on UHC challenges in Saint Lucia; (ii) identifying the main bottleneck/challenges in the health system and (iii) providing policy directions that can address UHC challenges and health system bottlenecks. The policy directions are aligned to the six (6) health system pillars (same as WHO health system building blocks) see Figure 4.

FIGURE 4: SIX HEALTH SYSTEM PILLARS



The six pillars are interrelated and do not stand-alone in the health system. Monitoring and evaluation will be implemented throughout the implementation period for UHC with an actionable results framework, to measure outcomes of UHC. The White Paper has a specific section that addresses monitoring and evaluation to measure outcomes (success).

FIGURE 5: SIX PILLARS OF THE HEALTH SYSTEM



3.2 Approach

This white paper was developed in three stages. First, a UHC Drafting Committee was established, with key subject matter experts providing guidance for the development of the White Paper. An extensive literature review was conducted to identify previously accomplished work under Saint Lucia's Health Reform and Health System Strengthening initiatives, capturing the historical context, country situation, and progress towards UHC. The literature review included peer-reviewed papers, official white papers of donor agencies, consulting reports, evaluations, and grey literature. The literature review subsequently informed interviews with key stakeholders and policymakers who have extensive experience working on health systems reform, innovative financing mechanisms for health and health planning. Finally, two validation workshops were held with stakeholders, once at inception and again upon near completion of the findings. The approach also involved participation in several related workshops and think tank exercises on the Health Financing Strategy and Policy consultancy.

4. Country Context

4.1 Economic and Developmental Policy Trends

Saint Lucia is an upper-middle income country which has been challenged by relatively low levels of economic growth and high unemployment rate of 16.9% as of 2021. The country has a population of 179,651, with an annual population growth rate of 0.2% as of 2021. The country is a mountainous island with a tropical, humid climate. The Human Capital Index (HCI) for Saint Lucia on a scale of 0 to 1, is 0.6 as of 2020. Gross Domestic Product (GDP) per capita in Saint Lucia, as of 2021, was US$

9,414.2. GDP annual growth rate was 12.2% as of 2021. Life expectancy at birth in the country in 2020 was 73 years. Infant mortality rate was 22 deaths per 1,000 live births in 2020, with most of the deaths occurring during the neonatal period. Under-Five Mortality Rate in 2020, was 24 per 1,000 live births, with an increased trend from 20 per 1,000 live births in 2012. The country is politically stable, and the recent 2016, and 2021 national elections resulted in a peaceful transition in political power. The political stability and maturity of democracy in the country is remarkable, considering that in each of the last four consecutive national elections, the opposition party at the time of the elections ended up winning the elections and peacefully taking power from the then ruling party.

The economy has limited diversity and is heavily reliant on tourism. An upward trend in tourist arrivals has been observed in Saint Lucia, with the tourism sector estimated to have contributed up to 40 percent of GDP and 47 percent of employment in 2016 through direct, indirect and induced contributions (16,17). These figures are projected to increase going forward, reaching over 50 percent of GDP and 60 percent of jobs by 2027. However, these projected figures may be affected by the slow-down during the COVID-19 pandemic and tourism industry's vulnerability to extreme weather events.

Saint Lucia faces challenges in the form of natural disasters and climate change, which may have health implications. Hurricanes are the most threatening natural hazard facing the country, posing significant destructive potential due to high wind speeds, heavy rains, and powerful storm surges that produce flooding. Saint Lucia was badly affected by Hurricane Tomas in 2010, which resulted in losses of up to 43 percent of GDP and caused fourteen deaths. In December 2013, severe rains and high winds caused floods due to a low-level trough (region of low atmospheric pressure) system resulting in economic losses, though to a lesser degree. Beyond concerns related to natural disasters, the country is prone to the adverse impacts of climate change. Climate change leads to rising temperatures, changes in rainfall patterns, and more and longer periods of extreme weather, with implications for water-borne and vector-borne diseases and food security. With projected increase in climate-related health impacts in the future, there is need to invest in resilient health systems (17, 17b). This will include safeguarding water supplies and sanitation. Monitoring of diseases associated with change of climate and coordination at the regional level, are essential in preparedness for the anticipated climate change. Building health system resilience to climate-related changes in therefore essential for UHC in Saint Lucia (see 4.2 Sectoral and Institutional Context).

Saint Lucia's health sector has recently been affected by new and emerging diseases, which have highlighted gaps in public health preparedness and response. The country saw the first case of Chikungunya in 2014 and the first case of Zika in 2016. By the end of 2017, there were two cases of congenital microcephaly. Meanwhile, conditions such as dengue and leptospirosis remain endemic.

An assessment on preparedness by the Caribbean Regional Public Health Agency (CARPHA) following the West Africa Ebola outbreak in 2015 found mixed results for Saint Lucia, though in general the country scored above the regional average. Areas assessed included risk communication, preparedness, points of entry, transportation, health system, general infection prevention and control and laboratory services. A follow-up assessment by the World Bank conducted in the wake of the country's 2017 Zika outbreak found that the same gaps in preparedness persisted two years later, and cited shortcomings in response and research. Therefore, while Saint Lucia performs well in some areas of preparedness and response, progress to address the remaining gaps has been slow.

Leadership and Management: The MOHWEA is directly responsible for implementing all official national health policies. The MOHWE operates under the guidance of a Minister as the political directorate, while the administrative leader is the Permanent Secretary, and the Chief Medical Officer is the technical head. The administrative and technical leaders are guided by the rules and regulations of the Public Service. Under Cabinet Conclusion No. 129 of 2022, a UHC Unit has been formed to steer the development and implementation of the UHC strategy and program.

Health Strategy, Policies and Plans: The National Health Sector Strategic Plan 2006-2011 remains valid up to the current period. The government has committed to updating the Strategic Plan to provide the required policy framework to guide the sector in upcoming health reforms and in the implementation of Universal Health Coverage. The 2022-2023 Government Budget has put Universal Health Care front and center as a policy priority area, with strong emphasis on investing in primary health care. The PBF scheme, a state-of the-art design, has been positioned as a critical element of Phase 1 of UHC. The PBF is a critical entry point for health financing, service delivery, and governance reforms. With the PBF reform, Saint Lucia is among the first countries in the Caribbean that is leading the way in progressing toward output-based financing. This reform initiative is well aligned with the recommendation by The Lancet Global Commission on Primary Health Care and the Alliance for Primary Health Care in the Americas, established by the World Bank, PAHO and the IDB in December 2023.

A Universal Health Coverage program has been established within the MOHWE. This program is commencing with an initial fund of EC$6.46 million, which will be augmented in subsequent years. The Government is working on a UHC strategy with an aggressive timeline and with Cabinet support. Per the Cabinet Conclusion No. 129 of 2022, five main deliverables were approved under phase 1 of UHC: (1) hypertension and diabetes screening and treatment under the PBF; (2) expanded coverage of strengthened quality Maternal and Child Health services; (3) analysis on the possible inclusion of dialysis and cancer screening; (4) registration of the population with the possible use of a health card;

and (5) creation of a UHC Unit to facilitate implementation. The Government has completed a Public Expenditure Review in the health sector and is engaged in health financing options analysis to inform the development of a Health Financing Policy and Strategy. In addition, the National Healthcare Quality Policy 2016-2026, which aims to provide national commitment, direction and guidance for improving quality in healthcare, provides useful guidance for facilities to understand what is required of them. The implementation of a Quality Improvement Program is planned to accompany the PBF and plans to strengthen the quality of maternal and child health services are also under way. Most recently, due to the COVID-19 pandemic, the Government of Saint Lucia has passed the COVID-19 (Prevention and Control) Act, 2020 to implement various public health measures to reopen the economy. In 2022, the government allocated $33.87 million to continue to respond to the effects of the COVID-19 pandemic to finance mitigation and control measures.

4.2 **Health Financing**

Health Financing: The UHC goals, and its intermediate objectives (efficiency, equity, transparency) are influenced by health financing (revenue mobilization, pooling, purchasing) within the overall health system. Discussion on revenue collection must be focused on how to raise sufficient and sustainable revenues in an efficient and equitable manner with the objective of guaranteeing access to services and financial protection. A review of Saint Lucia's reported health financing trends and facts as well as a comparison with regional peers revealed some notable observations which have formed the basis for the case for investing in health, including:

- Pre-pandemic health spending in LAC was 6.8% of GDP. In 2019, STL's spending ranked lowest at 4.3% of GDP.
- Given the association between higher health expenditure per capita and low excess deaths. Low levels of total health expenditure indicate that the region was under-resourced and less prepared to face the challenges of the COVID-19 crisis. For Saint Lucia, it was noted that 200 per 100,000 deaths occurred.
- Like many countries, COVID-19 reported an increase in recurrent health expenditure. When this is extracted from the trend it was observed that there were very marginal increases over the review period. The return to pre-pandemic expenditure levels holds true for Saint Lucia.
- Out-of-pocket remains high (37.1% in 2021), above the Caribbean (30.6%) and LA (28.1%).
- Health coverage is low and skewed to the belter-to-do.
- In 2020 government expenditure on health as a share of general government expenditure was 8.7%. Well below the 15% proposed by the WHO.

- Low spending on Primary Health Care (Recurrent Expenditure 2014-18 Average) 12.8% of total health expenditure.
- Recurrent spending in PHC represents 0.26% of GDP.

The WHO recommends that countries must increase spending on Primary Health Care by at least 1% of GDP if the world is to close glaring coverage gaps and meet targets agreed in 2015. For upper-middle-income countries, the recommended range is 0.8-1.7% of GDP. Taking this point of reference, Saint Lucia would need to at a minimum, triple (3x) its spending on primary health care financing to support the purchasing of the Basic Benefit Package to all citizens (see Blue Box in Figure 1 Annex 3). Using 2019 economic and health financing data (a representative recent reference point), an additional allocation of EC$150 per capita would bring Primary Health Care spending to EC$241, around 3/4 of the target (EC$316). This requires an estimated additional funding of around EC$27M in the short term.

Why investment in health in Saint Lucia is critically important? The health sector Public Expenditure Review (2021) noted little change in the health system over time. There is the need to modernize and build resilience. This requires deliberate investment. There is the need to improve efficiency in health expenditures for sustainability. Evidence shows when countries invest in the range of key reforms necessary for UHC, this improves (a) system resilience, which is recognized to be critical as evidenced by the pandemic and to prepare for the climate-change and a sustainable health agenda; and (b) health impacts - more health for money. It was further noted that fiscal space is within the GOSL's control, and the development of a health financing policy and strategy lays out a path to UHC. A Health Financing Investment Case for Saint Lucia is important to develop, to orient GOSTL decision-making, including short-run and longer terms options.

Climate change-related health impacts place additional strain on healthcare systems already burdened by managing NCDs. Increased hospitalizations due to heat-related illnesses, respiratory conditions, cardiovascular stress, and other climate-related health issues can overwhelm healthcare resources, both human and financial. Addressing the impacts of climate change on health, and particularly on NCDs and mental health, requires robust primary health care and a multifaceted approach.

The macro fiscal context as presented by the Ministry of Finance - dubbed "Financing UHC in an Inflationary Environment" – reported GDP growth rate reported -25.4% in 2020 to 18% in 2022. Inflation though declining remained high at 6.4% in 2022 driven by housing, water, electricity, gas, other fuels category. Unemployment rate decreasing to 16% including youth unemployment 26%. The

macroeconomic developments with main trading partners were noted. The slowing global growth trend, GDP 3% is in keeping with observed trend for Saint Lucia slowing the per-pandemic levels, 1.9% projected for (2024). On the fiscal side, it was noted that for some time growth in expenditure has out stripped the growth in revenue resulting in overall deficits, anticipated to continue to average 2%-3%. However, the debt-to-GDP ratio has been improving and Saint Lucia remains committed to attain the prudential ratio 60% by 2035. Consequently, considering measures that likely impacts its ability to attain this target is being examined carefully. However, it was noted that revenue from taxes to GDP ratio is low 16% compared to peers, below the 25-28% target recommended by the OECS Commission. Overall, macro-fiscal stabilization and leveraging further revenue sources will open opportunities for the sustainable financing of the UHC BBP (Blue Box, Figure 2. Annex 3) and expanding to BBP+ (Colored Boxes, Figure 2. Annex 3). This assumes strategic planning between the MOF and MOHWEA and a gradual approach over the medium- to long terms.

4.3 Disease Burden & Service Delivery

Health care services are delivered by the public and private sectors as well as several non-governmental organizations (NGOs). Within the public sector, health care in Saint Lucia is delivered through 34 health centers, two polyclinics, two district hospitals and one general hospital (Owen King European Union (OKEU). There is also a parastatal polyclinic and a parastatal hospital. The OKEU Hospital is now fully open after several years of delay, while the Victoria Hospital (former general hospital) has been refurbished to operate as a respiratory facility to ensure adequate capacity in the context of the COVID-19 outbreak. The public sector is estimated to provide a third of primary care services and about 93 per cent of hospital services. Incentive structures are also limited in the public sector as these facilities do not keep the revenues collected from private insurance companies, and thus have little incentive to pursue collection or report performance. In contrast, St. Jude Hospital, which has been statutorized, receives a government subsidy but has financial autonomy. The PBF pilot, scheduled to be launched in early 2023, will provide increased autonomy to primary health facilities to strengthen the management of select NCD services. Within the private sector, the exact number of providers for primary care is presently unknown (it was 77 in 2011), but there are five polyclinics and one general hospital (Tapion Hospital). The private sector focuses on primary care services, diagnostic tests and pharmaceuticals, with limited involvement in hospital services, though the specific quantum of services delivered is difficult to estimate. Meanwhile, NGOs provide health services that tend to be focused on certain conditions or target groups. For example, the World Pediatric Project delivers almost all services for children free of charge (costs are covered by the NGO).

Maternal Child Health: The maternal mortality ratio was estimated at 117 per 100,000 live births in 2017, which translates to 3 actual deaths. All the country's health centers offered prenatal, postnatal, and child health and family planning services. However, the quality of care remains inadequate. The infant mortality rate was 22 deaths per 1,000 live births in 2020, with most of the deaths occurring during the neonatal period. Immunization rates are relatively high, showing some decline due to COVID-19 service disruption: around 94% of infants completed the pentavalent vaccine schedule, 81% received the BCG vaccine, and 77% received the MMR1.

4.4 Human Resources for Health

St. Lucia has one public nursing school (Saint Lucia Community College) and three offshore universities (Spartan Health Science University, American International Medical University, St. Helen University). The three offshore universities were initially created to train locals for international nursing jobs, but they also train nurses to work in St. Lucia. Programs offered include a two-year associate degree in general nursing and the option to do an online Bachelor of Sciences in nursing through one of the offshore universities. Like many countries in the Caribbean, nurse migration is an issue in Saint Lucia, exacerbated during the COVID-19 pandemic. Nurses who migrate are usually experienced, making it challenging to fill their positions. A Human Resources for Health (HRH) strategy is lacking and will be important to align health workforce with a sector that need to respond to rapidly changing needs, embrace modernization, including increased technology adoption. Developing a comprehensive training program for healthcare professionals in digital health technologies is crucial. This includes telemedicine, health informatics and e-learning. Staying abreast of advancements within the digital health realm as healthcare professionals will ensure that they can operate these technologies and that it can directly contribute to patient care and improve health outcomes. Incentivizing digital health training will attract and retain skilled professionals and will strengthen Saint Lucia's ability to carry out UHC successfully.

Major Challenges: Noncommunicable diseases (NCDs) continue to be responsible for a growing burden of disease. Life expectancy has continued to increase in recent years, and reached 76.3 years in 2020, but has been coupled with an increase in chronic NCDs. The prevalence of NCDs such as diabetes and heart disease have been increasing for several years and remain a top priority for the government. In 2019, the Global Burden of Disease study estimated that NCDs accounted for approximately 85 percent of all deaths in Saint Lucia, with the remainder split nearly evenly between injuries (8 percent) and communicable, maternal, and neonatal causes (7 percent). Amongst NCDs, the leading causes were cardiovascular diseases (32 percent), cancers (21 percent), and diabetes mellitus (9 percent). NCDs also accounted for the clear majority (79 percent) of disability adjusted life

years lost in 2019, with cardiovascular disease (CVD) being the top cause at 16 percent and diabetes mellitus (DM) causing a considerable 9 percent (Global Burden of Disease 2019). These conditions result in major productivity losses, while consuming a substantial share of the health budget.

The government is looking to improve the integration of primary care services and scaling up NCD prevention efforts. In support of these efforts, the National NCD Commission was reestablished in 2017 with the agenda of accelerated NCD action to achieve the 2025 global NCD targets and the health-related targets within the 2030 Sustainable Development Goals. The PBF pilot, which was launched in 2023 is also expected to improve the access to subsidized screening and quality NCD care management services. Against this background, health sector needs have been increasing as the country faces challenges from the growing prevalence of NCDs and new and emerging diseases, including the COVID-19 pandemic, which occurred at the same time as an outbreak of dengue.

4.5 **Medicinal Products, Vaccines and Technologies**

Saint Lucia is a member of the World Trade Organization (WTO) and therefore has legal provisions that grant patents to manufacturers of medical products, vaccines and technologies. National Legislations also allow for the implementation of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and contains TRIPS-specific flexibilities and safeguards. No licensed pharmaceutical manufacturers are in Saint Lucia, and therefore the country has no capacity to carry out research and development activities to discover/produce new active substances, to produce formulations or to repack finished dosage forms. Medicines legislation existing in the country includes the Pharmacy Act No. 8 of 2003, the Pharmacy (Forms and Fees) Regulations 2006, and the Pharmacy Regulations 2007. Registration of Pharmacists, pharmacies, and sellers on poisonous substances is carried out by the Pharmacy Council, while the MOHWEA has control over narcotics and psychotropic substances. On Pharmacovigilance, Saint Lucia works in partnership with the OECS Pharmaceutical Procurement Service (PPS) and Adverse Drug Reaction (ADR) reports are sent to OECS/PPS. This is where the integration of digital health technologies, such as telemedicine platforms, mobile health applications, and AI-driven diagnostics, can be so important. These innovations increase access to quality health care, especially, in under-served locations. Structured policies for the adoption and assimilation of this technology, would ensure the delivery of healthcare efficiency, minimize the costs and thereby enhance health outcomes. Prioritizing digital health investments is in line with trends in health systems around the world and will future-proof Saint Lucia's health system.

An official standardized form for reporting ADRs common to OECS countries is used in Saint Lucia. However, there are challenges regarding a clear communication strategy for routine communication and crises communication. There is centralized public sector procurement for pharmaceuticals and

medical products in Saint Lucia. MOHWEA, through the services of OECS/PPS is responsible for this centralized procurement. OECS/PPS is responsible for ensuring the quality of products that are publicly procured. For a limited number of non-formulary medicines and health products, MOHWEA makes procurements for specific patients on demand. All medicines used in the country are imported. There are challenges within the health system, with availability of essential pharmaceutical products at health facility level, due to procurement, quantification and distribution bottlenecks. A Central Medical Store (CMS) at National Level exists but there are no public warehouses in the secondary tier of the public sector distribution. There are also challenges regarding the absence of national guidelines on Good Distribution Practices (GDP). A National Essential Medicines List (EML) exists. The process for selection of medicines to be included in the EML needs to be streamlined and to be through a written process. There is also need to have a mechanism for aligning the EML with the Standard Treatment Guidelines (STGs). A process for introduction, standardization and routine maintenance of new technologies also needs to be developed and implemented.

4.6 **Health Information Systems**

Saint Lucia's Health Information System (SLUHIS) at the primary care level is heralded as one of the best in the OECS region. However, real-time data are challenging to obtain, making it difficult to identify those at risk and to make evidence-based recommendations, as well as inform strategic purchasing and health technology assessments. The lack of real-time data also makes it challenging to respond to public health emergencies when they occur. Nonetheless, extensive efforts are underway to improve SLUHIS, informed through a rapid assessment of the HMIS which was carried out by June 2023. Modernizing Saint Lucia's health information systems requires the integration of electronic health records (EHRs) and sophisticated data analytics. EHRs must facilitate data sharing across various healthcare facilities, enhancing the continuity of patient care and improving health outcomes. This ability for predictive modeling and personalized medicine through big data analytics has further helped in disease prevention and disease management. Investment in digital literacy for HCWs will facilitate an informed use of these technology enablers to complement and strengthen the health system in support for efficient delivery of UHC.

The assessment provides information to inform the development of an HMIS strategy and the specific investment needs, including strengthening the PBF module, improving interoperability between SLUHIS and CELLMA (the information system at the hospital level), and improving the links to the Laboratory Information System. The PBF pilot spearheaded investments in data platforms, business intelligence tools, and analytical capabilities to enable results-based payments and propel evidence-based management. An operational manual has been developed by the PBF pilot, which expands

SLUHIS with a PBF module and creates functionality to support PBF management. Saint Lucia has recognized the imperative need to develop a Registration Policy that streamlines the enrollment process, defines eligibility criteria, safeguards individual data privacy, and facilitates seamless data sharing among relevant government agencies and healthcare providers. The government has initiated efforts to promote interoperability among existing registration systems, such as the Saint Lucia Health Information System (SLUHIS) and the CELLMA System. However, these efforts represent only the beginning of a comprehensive registration strategy necessary for the successful rollout of UHC in Saint Lucia. A consultancy is being processed to support the creation of a Registration Policy tailored to the distinctive context and requirements of Saint Lucia. This registration policy is aimed at not only synchronizing with the local landscape but also to place the patient at the forefront. By doing so, it will contribute significantly to the seamless implementation of UHC. Saint Lucia also recognizes the pivotal role of digital technologies in shaping the health sector. As the country gradually transitions into UHC, developing a comprehensive and adaptive digital health policy and strategy is imperative for the country. Such a policy will serve as a roadmap in ensuring alignment with evolving technological trends, safeguarding patient privacy, fostering innovation, and promoting digital inclusivity. A consultancy is therefore in process, to support the development of a comprehensive Digital Health Policy and Strategy for Saint Lucia. The consultancy is to, among others, assess the current digital landscape, design the policy and costed operational plan, and inform the enactment of the necessary related legislations.

4.7 Coverage

The Ministry of Health will collaborate with several agencies such as the Ministry of Equity, Social Justice and Empowerment to ensure that vulnerable persons are identified and included in the registration system which will most likely be leveraged by the recent population census. Furthermore, the registration and coverage of the UHC system can be piloted on the current beneficiaries of the public assistance program. These beneficiaries have been deemed either poor or indigent based on their SLNET score; as such this population falls directly within the target of those most in need of coverage and who are likely to be having financial challenges to access health services. Central to this is the importance of utilizing digital platforms, to allow for registration and real-time tracking of health coverage. This facilitates identification and response to the needs of at-risk individuals across a population to get them to an equitable healthcare source. Digital tools allow for real-time monitoring and evaluation across coverage programs delivering data-driven insights for improvement in care. Through the integration of these technologies, Saint Lucia can be better prepared to effectively deliver on UHC objectives where every citizen receives the necessary medical treatment without suffering financial hardship.

4.7 Organizational Reform and Policies to be Addressed

Some of the organizational reforms and policies to be considered include, but are not limited to:

1. **Governance.** The establishment of a Health Authority. This agency should feature representatives from the following agencies:
    - Welfare
    - Community Services
    - Gender Relations
    - Human Services
    - Saint Lucia Social Development Fund (SSDF)
    - National Insurance Corporation
2. **A Defined Model of Care.** The establishment of a Socio-Medical model for the provision of coverage.
3. **Registration - Policy and Implementation Plan.** The Registration Policy should streamline the enrollment process, define eligibility criteria, safeguard individual data privacy, and facilitate seamless data sharing among relevant government agencies and healthcare providers.
4. **Improved Human Resources for Health Across All Cadres.** A human resources for health strategy and policy with a timely human resources information system should inform the planning, production and deployment of human resources for health. Monetary and non-monetary incentives should be in place to attract and retain human resources for health at all levels of the health system.
5. **Defined Basket of Primary Health Care (PHC)-Focused Services.** Services provided in PHC should also include promotive and preventive interventions and diagnostics.
6. **Reduction of Out-of-Pocket Payments (OOP).** Strategies for sustainable financing for health to reduce OOP for the citizens.
7. **Standardization of Care.** Implementation of a quality policy for both private and public facilities. Regular (at least annually) Audits and peer reviews should be instituted in the health system by the Government.
8. **Improved Accessibility for the Vulnerable.** Several strategies should be adopted for improving accessibility to vulnerable persons. Some of these include, but are not limited to:

a. Revisit of opening hours for PHCs (current hours of 8.00am to 4.00pm need to be adjusted in overcrowded PHCs to include 24-hour services);
b. Adoption of an appointment system which includes digital appointments using phones.
c. Mobile clinics to support better access to services; Such mobile clinics can target working places during working hours, where patients may be experiencing difficulties visiting PHCs during working hours.
d. Home visits for the sick and shut-in; and
e. Access for persons with disabilities.

9. **Improved Communication.** A more robust communication channel which should encourage behavioral changes. It should include stakeholder engagements, empowerment of individuals and communications, the creation of sustainable health education campaigns and a feedback mechanism.

10. **Improve Public and Private Health Facilities.** Strategies to improving health facilities by upgrading physical structures where necessary, procuring appropriate equipment, encouraging occupational health and safety, and focusing on providing access to persons with disabilities.

11. **Referral System.** A defined referral system between PHC facilities, PHC to secondary and vice versa, PHC and/or secondary to private facilities and vice versa.

5. Unpacking the Process to Achieve UHC

5.1 Services: Gaps in Service Funded by Pooled Resources Including Analysis of The Benefits Package

An assessment of Public Health Facilities in Saint Lucia was carried out by Meirovich Consulting in 2021 and identified gaps that are outlined below. The gaps identified in the health care services are generally well established in St Lucia, but it is important in this section to specifically document the findings from the Meirovich Consulting in 2021. These gaps include lack of drug availability, and lack of access to diagnostic laboratory and imaging services. Other gaps identified include an insufficient number of doctors and nurses to serve the population and that these staff seem to work for less than 40 hours a week; that some conditions such as sexual and gender-based violence victims cannot be adequately assessed and managed at the lower-level institutions.

The following quotes/extracts from Meirovich (September 2021) and Yazbeck (2021-2022) demonstrate evidence of the above gaps.

Issues across all levels of care:

- Difficulty in accessing laboratory, image, and diagnostic capacity, making the process of diagnostic long and expensive due to reliance on higher levels of care or private sector.
- Higher level facilities are overwhelmed with patients presenting with simple medical cases, while the lower-level facilities that should handle such simple cases are under-utilized. So, referral system is not working well.
- The lack of staff, drugs, or equipment in the lower levels of care, impact health seeking behaviour, giving rise to bypassing of lower-level facilities by patients. There is evidence that the levels 4 facilities help compensate for the gaps. However, this results in an overwhelmingly higher levels of utilization in level 4 or secondary/hospital care, making the system inefficient. One of the consequences of the deviation from primary care to secondary level is the increased cost by patient care. The lack of consistent staffing, diagnostic and management capacity also supports bypassing lower levels of care by patients.

Level 2 Facilities:

- Preliminary findings show limited capacity to provide the full Essential Package of Health Services (EPHS) in accordance with the level. More than 30% of the Level 2 wellness centers show no capacity to manage some or all Non-Communicable Diseases (NCD) and Sexual and Gender Based Violence (SGBV).

- Regarding diagnostics, all centers refer patients "by own means" for diagnostic tests outside the health structure, either to higher levels or private sector structures.

Level 3 Facilities:

- The preliminary findings show none or limited capacity to diagnose and treat NCD, no capacity to manage dental issues and SGBV. Like level 2, all centers refer patients by own means for diagnostics test outside the health structure, either higher levels or private structures.

Level 4 Facilities

- This level appears to be overwhelmed by referrals from other levels and has limited capacity to provide the full EPHSH. The preliminary findings show no capacity to manage Schistosomiasis, SGBV, cancer and hearing problems and limited capacity for Hansen diseases.
- Regarding diagnostics, this level of care has only 40% of the expected laboratory and image capacity to cope with the package of services.
- WHO recommends a ratio of 23 doctors and nurses including obstetrics per 10,000 inhabitants. Saint Lucia has a total of 18 health professionals per 10,000 inhabitants. This means that there is a gap of 5 professionals per 10,000 inhabitants.
- In total, 92.4% of the employees work 40 or less hours per week in the facility. In other words, working full-time seems to be the exception and not the norm. It is important to highlight that half of the workers do not spend more than 12 hours a week in the facility.
- As a general finding, the system does not provide free or subsidized drugs for prioritized conditions as systematic practice.
- Radiological and laboratory services are available at Gros Islet Polyclinic and Soufriere Hospital. At the Gros Islet Polyclinic, the x-ray machine, hematology analyzer and chemistry analyzer were non-functional. No reagents were available to run the chemistry and blood analyzers, moreover there was no in-house Laboratory Technician. On the contrary, Soufriere services were functional except for the chemistry analyzer with no reagents. The ultrasound units were located at Castries health center and GIPC respectively. There was no sonographer to operate either of those machines.
- Regarding drugs availability, it is difficult to say if the access is equitable and there is continuity as the majority of the wellness centers refer the patients to private pharmacies or to other health centers. This approach to drug provision creates inequities among the population that cannot afford private pharmacy prices and those who depend on subsidized medicines. Patients who cannot afford systematic or chronic treatments might

interrupt treatment, increasing sick leave periods and complications which in the long run will have an impact on the country's workforce.

- Regarding staff by category, preliminary findings show that the total amount of key positions such CHN, PHN, or DMO are appropriate. However, a more in-depth review of the distribution by wellness centers and working hours might be necessary to optimize assistance and to provide the required services. This change will require an increase in the working hours of some category of professional as well as the introduction of some incentives to facilitate access in the more isolated or marginal areas and ensure coverage in an equitable manner.
- Evidence from the Meirovich, survey confirms that drug availability is perhaps the major cause of non-dispensed pharmaceuticals. In total, 22.7 percent of the patients who received a prescription from a public clinic did not finally get it from the public pharmacy. Four reasons were put forward by those patients. Of the four causes, one reason (drug non-availability) accounted for 71 percent of the responses with easiness to get the medicine from a private facility representing an additional 23.7 percent. The other two reasons, one related to waiting times and one related to the quality of the drugs, add up to 5 percent.

5.2 Vulnerable Populations – Persons with Disabilities and the Elderly

In 2019, the Caribbean Development Bank (CDB) commissioned a Disability Assessment in select Borrowing Member Countries to examine the situation of persons living with disabilities in these territories. In that same year, a regional index to measure disability inclusion was developed by Senator Floyd Morris in Jamaica. According to the report, Saint Lucia ranked 5th out of 10 selected Caribbean countries. While Saint Lucia scored very well in its measures to prevent discrimination and injustice against children with disabilities, the index revealed much room for improvement in other areas. Specifically, the country scored very poorly on access to the healthcare system, information, and equal employment opportunities for persons with disabilities. It also scored poorly regarding building accessibility and the policy and legislative framework to prevent discrimination against persons with disabilities. It scored average in relation to measures to promote justice and ensure access to education for persons with disabilities.

Data analysis from the National Household Survey component of the Disability Assessment revealed the social and economic landscape of Saint Lucia has changed significantly, particularly since the COVID-19 pandemic, resulting in increased demands for assistance by persons living with disabilities, who were already highly socially excluded before the pandemic. The assessment indicated that persons with disabilities faced a significant amount of discrimination and neglect, and the COVID-19 Pandemic only exacerbated their vulnerabilities and risks in, but not limited to the following areas:

- Inadequate social protection
- Inadequate physical infrastructure
- Limited access to psycho-social support
- Inadequate health facilities – support services

Based on the findings from CDB's Disability Assessment, it is evident that urgent attention must be targeted towards persons with disabilities as an extremely vulnerable group. There is already evidence that this group will be left "further behind" in the fulfillment of the UN2030 Agenda if their needs are not given immediate attention. The table below summarizes the main challenges, their causes, and the needs of PwDs that have to be addressed during implementation of UH

Table 2: Main Challenges/Barriers, Causes and Support Needs

Challenges faced by persons with disabilities	Cause	Support Needs
Unequal citizenship: limited rights and freedom	Attitudinal, cultural and systemic barriers. Persons with disabilities are still seen as “freaks/strange people.”	• Increased public education to improve public sensitivity to persons with disabilities. • Training sessions for all service delivery personnel to improve customer service and treatment of persons with disabilities • Using technology, ensure that persons with disabilities can access and understand critical information that will improve the quality of their lives.
High levels of helplessness, “invisibility” and voicelessness	There are inadequate opportunities for persons with disabilities to voice their concerns regularly. They want other citizens to focus on their abilities and not disabilities and to consider their ability contribute to a nation’s development.	• Implement free access to 24/7 helplines with psychiatrists, psychologists, and counsellors to provide support to persons with disabilities and their caregivers.
Differential policy and programmatic attention given to persons with disabilities. Those with sight and hearing impairment receive more attention than those with other disabilities.	Specialized knowledge or expertise needed to provide relevant support to all categories of persons with disabilities.	• Create a national register for persons with disabilities. • Produce an annual digest containing statistics, data, and trends about the situation of persons with disabilities. • Policy review and implementation: establishing an operative definition for persons with disabilities is critical; remove barriers; establish policies that provide support • Physical access to buildings providing critical social services must be improved. • Implementation of building codes is paramount. • Road safety measures must be increased as many roads are very dangerous for persons with disabilities.

Challenges faced by persons with disabilities	Cause	Support Needs
High costs associated with purchasing assistive devices and other disability-related expenses (e.g., medication, home caregivers/personal assistants, transportation, medical treatment)	Some assistive technologies are expensive because the markets are small, and the development costs are substantial. Persons with disabilities and their families are usually forced to travel via private means or pay more than regular passengers when traveling on public transport	• Establish a Universal Disability Support allowance to cover basic disability-related costs. This would include healthcare coverage, basic income security in the form of cash, and a combination of in-kind support and services. • Establish a career grant for parents of children with disabilities who are unable to work because of their responsibilities with regard to caring for their disabled offspring. • Create a third person support allowance. • Implement disability concessions including relevant discounts, free or heavily subsidized public transport, utilities etc. • Provision of food vouchers for persons with disabilities and their families as food insecurity is high. • Provision of low-cost housing specifically designed for persons with disabilities (e.g., easy access to electrical outlets, faucets, toilets, wheelchair ramps, hand railings).
Limited access to health services	Diagnostic services are limited. Some medicines for mental health are very expensive.	• Expansion of health services to consider the various types of disabilities. Health services should include diagnostics, treatment, and rehabilitation.

5.3 Policy Direction for UHC

The proposed policy direction for UHC in Saint Lucia is presented below within the framework of the six pillars of the health system.

Leadership and Governance

The vision for leadership and governance in the health system of Saint Lucia is that:

- Enabling rules and regulations are enacted to achieve UHC objectives.
- The varying health sector stakeholders are working together to influence, develop, and enact those rules and regulations.

Policy directions for UHC in Leadership and Management are the following:

In the area of Policy Frameworks

- ***UHC White Paper to outline the policy*** statement with information or proposals for UHC.
- ***UHC strategy needs to be developed to guide the implementation*** of UHC.
- ***Health Financing Policy and Strategy*** need to be developed that focuses on output-based financing for delivery of UHC as opposed to the current input-based financing. Work in this area is already in progress with ongoing workshops and consultations with stakeholders on the development of the Health Financing Policy and Strategy.
- ***Legislation*** (Acts, such as for EHSP). The necessary supporting legislation must be passed to support UHC. Such legislation includes, for example, formalization of a UHC body with structures that can attract funding from legitimate resources, promote research, monitoring and evaluation of UHC implementation, regularly update the UHC Strategy, and promote sustainability of UHC. Legislation on formalization of the essential health services package is also needed. Legislation is needed in the area of Public Finance Management (PFM), that gives a degree of autonomy to primary health care facilities to manage their financial resources in support of UHC.
- ***Regulation*** (public / private providers; professional bodies; licensing & accreditation). Regulations relating to relevant health sector organizations such as public or private providers, professional bodies, licensing and accreditations, have to be developed and implemented.

- ***Policy implementation & evaluation.*** Policies developed must be implemented. Once implemented, evaluations must be carried out to inform the implementation process for UHC for those and subsequent policies.

Organizational Reform

- ***Increased autonomy (facility-level, PHC, hospital).*** Organizational reforms must be implemented to provide relative autonomy to different levels of health facilities. Public Finance Management (PFM) needs to allow for some degree of autonomy for primary health care facilities. The increased autonomy is a pre-requisite for more responsive care to patients within UHC.
- ***At hospital level, there is need for governance arrangements that work on service agreements between the hospitals and the MOHWEA*** for hospitals to be accountable for services in the service agreements. The Boards of the statutory hospitals need to be trained on the functioning of hospitals for them to be nimble on hospital governance, especially when there is transition from one Board to the other.
- ***Strengthening purchasing, strategic planning, policy evaluation functions (organizational roles, legal instruments, capacity).*** Organizational reforms are necessary to strengthen the strategic purchasing process, and overall planning within the health system. This supports efficient, and equitable delivery of quality services within UHC.

Service Delivery

Recommendations: Responding to Population Needs

- ***Prioritise resources towards high burden of disease areas that continue to affect the Saint Lucian population.*** These include addressing non-communicable diseases, the causes of maternal, child and neonatal deaths and increasing dual burden of infectious diseases and infectious disease outbreaks like COVID-19.
- ***Adapt service delivery models to provide long term and continuous care***, in line with the emergence of non-communicable diseases.
- The vision for service delivery in Saint Lucia encompasses the following:
  - A Costed Benefit Package-linked to the burden of disease
  - Streamlined Model of Care
  - Prevention and Early Detection (Wellness Agenda)
  - Quality of Care
  - Patient-centred Care

- Better geographic distribution of services for better access and efficiency (equity, targeting etc.)

Recommendations: Strengthening Primary Healthcare

The policy directions to achieve the above vision in service delivery are informed by The Lancet Global Health Commission on Financing PHC, The Lancet Americas Commission and Alliance for Primary Health Care in the Americas (A4PHC). The policy directions are aimed at strengthening and modernizing the health system in Saint Lucia as follows:

- ***Reallocate existing health system resources and increase investments to prioritise the strengthening of PHC systems***.
- Address health infrastructure gaps with a focus on improving both the availability and quality of care, while focusing on equitable access.
- ***Strengthen the role of primary healthcare facilities as the first point of contact for healthcare needs.*** This includes increasing physical access to primary healthcare facilities, employing mechanisms to explicitly assign population groups to primary healthcare units, and implementing robust referral systems.
- ***Strengthen PHC delivery by implementing flexible models*** of non-hierarchical multidisciplinary teams of clinical and non-clinical staff.
- ***Strengthen health information systems to monitor and track UHC progress***, as well as to provide information for health sector decision-making and performance improvement.

To achieve that the following policy directions will need to be implemented:

- ***Emphasis on Primary Health Care (PHC)*** - especially at the community level. Since effective primary health care can reduce the pressure on secondary and tertiary services, and emphasizes preventive and health promotive practices, achieving UHC in Saint Lucia will need to shift emphasis is service delivery to PHC. This does not mean that higher levels of care will be neglected, but that greater emphasis is put to PHC.

- ***Strengthening Referral Systems for Continuum of Care.*** While strengthening PHC is critical for the achievement of UHC, there needs to be an effective referral system across the continuum of care to ensure that patients can be able to access the right level of care when they need it. The referral system should ensure effective referrals from PHC, through secondary care facilities to the tertiary level

of care. The private sector facilities should also be part of the formal referral system to ensure that public and private sector referrals are catered for during the implementation of UHC.

- ***Rolling out a Quality Improvement (QI) Program.*** Provision of quality care is a key element of UHC and therefore rolling out a quality improvement program will ensure that there is continuous improvement of care for patients in Saint Lucia. Inadequate implementation of standard operating procedures (SOP) at health facilities is affecting quality of care. Staff at health facilities are not consistently implementing SOPs and this calls for regular reviews of implementation of SOPs at heath facilities, including customer care procedures, to support quality improvement of care during implementation of UHC. Service delivery guidelines need to be standardized (for Saint Lucia) for priority health conditions, instead of depending on guidelines from different parts of the world.
- ***Reducing over-crowding at select PHC facilities in urban areas.*** The overcrowding discourages all patients from coming to the health facilities which additionally have limited opening hours (8:00am to 4:00pm). There is need to have an organized appointment system (which may include phone appointments system) and extension of working hours (for example having 24-hour service in highly populated PHC facilities) to reduce over-crowding in those PHCs, during the implementation of UHC.
- ***Adolescents and men have particularly lower than expected utilization of PHC services.*** There is need to re-introduce targeted activities and strategies for adolescents and men, to increase their utilization of needed health services. Such activities can include innovative ways to reach these target groups including strategies that target locations where adolescents and men are more likely to access services (for example, making more services available near locations where men work, during periods when such men can access them; bringing services to the youth and adolescents at youth and adolescent centers during periods that are convenient for the youths and adolescents).
- ***Registration.*** Improvement of vital registrations and ensuring that patients can easily be identified for faster provision of services is essential for achievement of UHC.
- ***Leveraging the private sector.*** The private sector has a vital role to play in the achievement of UHC. Involvement of the private sector in not only service

provision but also in the development of policies and strategies that affect service provision is important for the achievement of UHC.

- ***Strengthening the broader public health.*** Many determinants of health and wellness are outside the health sector. Therefore, strengthening the broader public health which involves sectors outside of the health sector (such as agriculture, education, environment, meteorology (climate change) is important in achieving UHC in general and provision of care in particular. Broader behaviour change communication strategies should be emphasized for achievement of UHC.
- ***Engagement of the traditional medicine providers.*** The widespread use of traditional medicine in the community is affecting adherence of patients to treatments prescribed in the formal health system. WHO and PAHO recognize the undeniable presence of traditional healthcare systems co-existing with formal official healthcare systems. PAHO has reaffirmed the importance of integrating traditional and complementary medicine (T&CM) services into national health systems in the region of the Americas, where Saint Lucia belongs. There is need to engage the providers of traditional medicine practices (using WHO/PAHO guidelines and strategies for such engagements) to get an optimal arrangement that works best for the benefit of patients in Saint Lucia. In particular, the WHO Traditional Medicine Strategy 2014-2023 and the WHO Global Centre for Traditional Medicine (GCTM) are key resources to support the shaping of the way forward for Saint Lucia in traditional medicine and UHC.

Health Financing (HF)

The vision for health financing in Saint Lucia is that:

- Adequate resources are mobilized to finance access to quality care without financial hardships to recipients of care.
- Sustainable and resilient financing provided for the health system.

Reforming Health Financing

- Restructure health systems to reduce fragmentation of pooling arrangements. Doing this will require considering feasible and context-appropriate pooling mechanisms. For instance, there is overwhelming evidence that voluntary health insurance contributions do not work because of the high informality of the Saint Lucian labour market.

- Predominantly tax-financed health systems offer a better solution but only if the fragmentation of public finance is addressed.
- Reform public finance management systems to reduce operational inefficiencies.
- Identify and address the causes of inefficiency in country health systems. This will not only unlock additional resources for the health sector but also enhance health outcomes.
- Reorient financing from a health-systems view to a systems-for-health view and thus prioritise the financing of public goods for health.

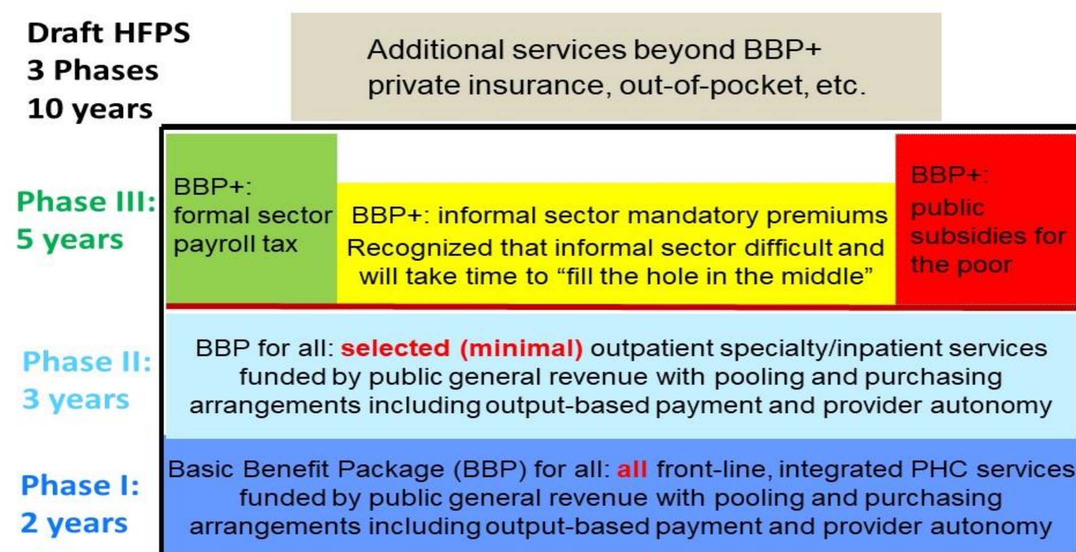
Policy directions for UHC in health financing are the following:

A Health Financing Policy and Strategy (HFPS) paper has been developed for Saint Lucia.. The strategy introduces purchasing of basic benefit package (BBP) services for the entire population to address challenges hampering movement towards universal health coverage (UHC). The HFPS contains three phases of implementation starting April 1, 2025 (beginning of the fiscal year). Three health financing functions of revenue collection, pooling of funds, and health purchasing with corresponding public finance management (PFM) and health facility management are at the core of the development of the health financing strategy and policy. The performance-based financing (PBF) pilot, that is being implemented through the ongoing Health Systems Strengthening project (HSSP), is informing the discussions on the health financing strategy and policy. The rollout of the implementation of the Health Financing strategy and policy will be in phases, that will all be based on output-based financing, limited financial autonomy for health facilities including PHC facilities, and basic benefit package (BBP) that will be incrementally expanded over time. Figure 2 below illustrates the conceptual representation of the UHC revenue, and BBP that is being discussed as part of the development of the Health Financing Strategy and Policy.

- ***A policy to address the high OOP spending in the country needs to be developed and implemented.*** One option being considered is the UHC Fund.
    - The sources of the funding for the UHC Fund are being developed by the Ministry of Finance, Economic Development and the Youth Economy. Sources being considered include the consolidated fund, targeted taxes (including health taxes), and other innovative funding mechanisms. The fund would support the provision of "**More Money for Health."**

- ***A policy that links payments to actual verified performance needs to be developed to support UHC.*** A performance-based financing (PBF) pilot is currently being supported by the HSSP project in this area. Such a policy would be consistent with the concept of "More health for Money" in the health system.

FIGURE 6. ILLUSTRATION OF THE VISION OF UHC REVENUE, BASIC HEALTH PACKAGE AND PURCHASING/CONTRACTING WITH PROVIDERS



- ***Policy on resource allocation by regions and by level of care.*** A resource allocation policy should be developed and implemented in such a way that resources are allocated by geographical regions and also by the level of care being provided. This will support equity in terms of regions and in terms of levels of care.

- ***Use of revenues and designating revenue sources to the health sector.***
  - A range of options (public and private) for raising revenue can be considered:
    1. General tax revenue, including:
        a. Direct taxes: personal income taxes, corporate profit taxes, property taxes, wealth taxes
        b. Indirect taxes: sales taxes, excise taxes (tobacco, alcohol, SSB, gasoline), value added taxes, import duties, export taxes.
        c. Other government revenues – a new health tourism tax
    2. External financing
        a. Insurance contributions
        b. Social insurance (compulsory payroll tax earmarked for health)

    c. Private insurance
    d. Other overseas development assistance for capital expenditure.
3. Community financing
4. Direct firm-level financing and provision of health services
5. Medical savings account
6. Out-of-pocket payments

The importance of measuring success should apply to all key strategic documents in the health sector including the overall health sector strategy, human resources strategy, digital health strategy and other strategic documents that are produced for the health sector. Such strategic documents should have the respective costed implementation plans and results frameworks, to facilitate realistic allocation of resources and measurement of achievements of the respective strategies.

Acknowledging that UHC should be financed primarily from government general revenue, Saint Lucia, like many other countries should consider a mix of options, weighing carefully key objectives and likely impacts of these options. For example, consider persons most in need in consideration of policy choices and very importantly the matter of the sustainability of revenue flows and the flexibility to take account of the impacts of economic shocks was discussed. A broad-based tax was preferred, to take account of the principles of solidarity especially contribution from the informal sector as it was felt that it had the potential to be more sustainable over time.

A new Health and Security Levy of 2.5% on goods and services has been implemented in 2023 for 2 years in the first instance. It is hoped that a portion of this will be designated to meet the implementation of the UHC in the short term. It would therefore be important for the budget formulation actions be initiated in the short term to support the requests for the EC$27 million in time for the 2025/2026 fiscal year.

Health Workforce

The vision for health workforce in Saint Lucia encompasses the following two elements:

- Adequate mix of health workforce, aligned with burden of disease, and equitably distributed; and
- A skilled and motivated workforce.

The policy directions to achieve the above vision in service delivery for UHC are aimed at strengthening and modernizing the health workforce in Saint Lucia. The following policy directions need to be implemented:

- ***Strengthening Human Resources for Health (HRH) Strategy and Policy and its implementation to address critical bottlenecks (brain drain, responsiveness).*** The HRH strategy and policy for Saint Lucia needs to be developed and implemented to support implementation of UHC. The Commonwealth has previously provided Technical Assistance to Saint Lucia in human resources for health and the development of the HRH strategy and policy needs to build on this and any other previous work on HRH in Saint Lucia. This should inform the development and management of human resources in the country, to address critical HRH bottlenecks.

- ***Human Resources Information system (HRIS) regularly updated to fill gaps (Full Term Equivalent positions).*** The current paper-based human resources information system is not responsive to the ever-changing needs in the area of human resources for health. A dynamic and electronic human resources information system for Saint Lucia needs to be developed. The system should be able to identify in real time, gaps in staffing in the health system in order for decision-makers to make the necessary corrective measures. The system should be updated regularly to ensure validity of its data.

- ***Workforce development policy.*** A policy for development of the human resources for the health sector should be developed. This should include provisions for pre-service training and for in-service training. Quality improvement of staff should be included as part of the in-service training policy. Innovative training including virtual learning should be included as part of the routine staff development policy. Management skills, including, in particular, facility management skills should also be included in the development policy.

- ***Task-shifting /multiskilling.*** To make the best use of the scarce human resources in Saint Lucia, task shifting, and multiskilling should be routinely utilized as part of human resources management. This will ensure that the few available staff can offer multiple types of care for patients in the country and can fill gaps created by shortage of staff.

- ***Occupational health/safety policy strengthening (is a motivating element for staff).*** Strengthening occupational health and safety policy in needed to

not only ensure the safety of staff, but such policies also have a motivation effect on staff as they create an enabling environment for staff to work in.

- ***Retention policy.*** Due to the brain drain which affects Saint Lucia and other neighbouring countries, a retention policy should be developed with the aim of encouraging staff to stay in the country. Such a policy can include provisions such as bonding agreements, innovative attractive contract models with monetary and non-monetary incentives, and staff recognition as part of performance management policy.

- ***Professional Councils.*** Some professional Councils are not open through the year to register incoming professionals that may be trying to join the health system in St. Lucia. Some professional registration Councils (such as Pharmacy Council, for example) accept new applications for registration of health professionals coming from outside of the country only two times in a year (In January and June). This creates obstacles for health facilities that are making efforts to fill in vacancies with staff coming from other countries. Therefore, Professional Councils need to be engaged in the overall planning for human resources in the country, so that they can make the necessary adjustments in their processes, to be responsive to human resources needs of the country.

- ***Pending legislations on regulation of professionals.*** Some professionals, (such as mental health practitioners), cannot legally make prescriptions because of pending legislations that have been pending for many years at the Attorney General's offices. There is need to have these pending legislations expedited to respond to the human resources needs for implementation of UHC. In particular, dialogue between the MOHWEA and Attorney General's offices can prioritize the appointment of a focal person at the Attorney General's office, who would support the expedited processing of the pending legislations.

Investing in Health Technologies - **<u>Medical products, vaccines and technologies</u>**

The vision for the medical products, vaccines and technologies in Saint Lucia is the following:

- Ensure affordable access to essential medical products, vaccines and technologies.
- Develop and implement a comprehensive policy and regulatory framework to govern the adoption of digital and other technologies in the health sector.
- Leverage digital health solutions to develop and implement UHC reforms.

Policy directions for UHC in medical products, vaccines and technologies are the following:

- ***Effective and efficient procurement and supply chain management policies*** (in collaboration with the OECS Pharmaceuticals Procurement Services - PPS). Development and implementation of effective and efficient procurement and supply chain management polies is essential for the achievement of UHC in Saint Lucia. There are substantial challenges in this area which need to be addressed with the relevant policies in the area. In particular, non-consistency of funding for procurement of medical products, vaccines and technologies is a major risk for implementation of UHC. While the procurement arrangement through the regional OECS/PPS provides advantages of economies of scale, the delays of releasing funds for payment of procurements for Saint Lucia (and sometimes delays from other OECS countries as well) create shortages of needed products and can impact the implementation of UHC. Ensuring the availability of a budget for products and timely release of funds from this budget for procurement of products from OECS/PPS is essential for implementation of UHC. These policies should build on existing policies that Saint Lucia has with the OECS PPS.

- ***Transparent flow of medical products (LMIS).*** The logistics management information system (LMIS) – which is currently a module in the HMIS - for medical products in Saint Lucia, needs to be strengthened to support the transparent flow of medical products in the health system. Such a system can provide real-time information on availability of medical products and support quantifications and requisitions by health facilities. This can help reduce the stock-outs of essential medicines needed for UHC.

- ***Optimal allocation of medical products and technologies.*** The allocation of medical products and technologies should be in such a way as to be available where they are needed and can be utilized in an optimal manner. This will ensure that patients get the medical products they need at the nearest possible location.

- ***Policy on regular update of medicines list*** **(with OECS PPS).** Regular update of medicines list is needed to keep pace with the ever-changing global pharmaceuticals environment. The OECS/PPS is a useful resource for such regular updates and the mechanism of communication between OECS/PPS and Saint Lucia should be regular enough to be responsive to the changing global medical and pharmaceuticals environment.

- ***Quality assurance / frequent checks on drugs [formulary] – Pharmacovigilance (with OECS PPS as resource).*** Implementation of UHC demands quality health care which necessitates quality medical products. In collaboration with OECS PPS, which has significant capacity in the region, Saint Lucia should strengthen quality assurance for medical products that enter the market in the country. In particular, this will require that the reporting system to OECS/PPS and back to Saint Lucia of any drugs under question should be rapid so that appropriate corrective actions are taken in a timely manner.

- ***Medical equipment – service rationalization (centres of excellence).*** A policy and strategy on the acquisition, rationalization, standardization, and maintenance of medical equipment needs to be developed and strengthened. The limited capacity to maintain medical equipment, including laboratory equipment on a timely basis is a potential risk for implementation of UHC. There needs to be budgeted funds for the purchase and timely maintenance of such equipment. The capacity for writing technical specifications and standardization of equipment (based on the level of care) needs to be strengthened for implementation of UHC. This is essential to ensure that the equipment needed for UHC is available where needed and when needed to meet the service delivery needs of patients. The policy on medical equipment should also be clear on the process for introduction of new technologies and their rational localization, particularly in relation to centres of excellence, which usually need specialized equipment.

- ***Training and staffing on medical products, vaccines and equipment.*** Policy on training staff that are qualified to provide support for medical products, vaccines and equipment needs to be developed. Training in such key areas as quantification, standard treatment regimens, formulary management, pharmacovigilance, and medicines testing, needs to be supported during the implementation of UHC. The OECS/PPS can be a useful resource for such training. This is particularly important in the overall challenging human resources environment, as such an area could be neglected within the overall human resources scarcity in the country.

Health Information System

The vision for the health information system (HIS) in Saint Lucia is:

- HIS that provides data to inform decision making at various levels, including, clinical level, planning, management, policy-making and overall data for decision-making.

The policy directions to achieve the above vision in Saint Lucia’s HIS are the following:

- ***Development of a Digital Health Policy and Strategy.*** Such a strategy and policy can support UHC implementation in that it can provide guidance on how to rationalize existing health information systems into ‘ONE’ coherent and cohesive health information system for the country. The current practice of having one health information system for PHC (SLUHIS) and another health information system for the hospitals (CELLMA) while both systems do not necessarily link to each another is a major constraint to implementation of UHC. To inform the development of a health information strategy and policy, a rapid assessment of SLUHIS was completed by June 2023. The assessment made key recommendations in the areas of; a) capital investments in hardware; b) investment in human resources to manage data practices; c) legislative frameworks and regulations that mandate the adoption of standardized protocols, guidelines, and formats for capturing and managing data; d) training of healthcare professionals and staff members on data privacy, security protocols, and adherence to SOPs; e) development of standards for the Electronic Medical Record (EMR) System; and f) strengthening of data quality assessments through training of staff.
- ***Leadership of Health Information System.*** A single leadership of the management of health information system needs to be put in place as UHC will utilize data from PHCs, from hospitals and from the finance system. Such a single leadership needs to be put in place as soon as reasonably possible to guide the development of ‘ONE’ coherent and cohesive health information system for Saint Lucia.
- ***Packaging of data for decision-making.*** Data from the health information system needs to be produced in a format that is conducive for use for decision-making by policymakers and for monitoring and evaluation of implementation of UHC. The data should include easy to read charts, summaries, and analysis that can be easily accessed by decision-makers at all levels of the health system.
- ***Modernize the HMIS:*** The HMIS in Saint Lucia needs to be modernized in the following areas:
  - *Collaboration on public health data from other sectors/agencies.* Data collected should reflect the non-health sector determinants of health. In this regard, legislation regarding sharing of information across sectors needs to be reviewed in order to remove any obstacles to sharing data across sectoral ministries.

- *Innovation - especially with technology (digital health).* By leveraging digital health solutions, such as telemedicine and virtual consultations within UHC, this will help enhance patient experiences, improve access to care, and promote personalized healthcare delivery. Practical examples of innovative use of technology include virtual grand rounds with scarce specialists; use of technology for virtual referrals to specialists located outside the country; use of technology for virtual training sessions; use of technology for telemedicine.
- *Integrate data from facilities, communities (public health functions),* data on BCC, data on NCDs, school health data, and nutrition data. The country should have 'ONE' health information system that integrates all the data above as it allows for addressing the comprehensive nature of implementing UHC, including the non-health sector determinants of health.
- *Interoperability with Public Finance Management System.* There is need to ensure that the Health Information System has interoperability that allows linking with data from the Public Finance Management System. This will enable adequate facility-level controls for financial information to back increased level of autonomy at the PHCs, particularly with the output-based financing as demonstrated by the PBF pilot, under the Health Systems Strengthening Project (HSSP).

Health System Resilience

The resilience of the world's health systems was tested during the COVID-19 pandemic. The devastating health, economic, and societal impacts demonstrated how unprepared the world's health systems were for such immense public-health emergencies. Building resilient health systems, to withstand shocks before the next public health emergency is the best way to prepare for such emergencies. Saint Lucia, like other countries in the world, has to build its own health system to be resilient, in order to implement UHC in a sustainable manner.

There are 3 tiers of response that Saint Lucia can use to build resilient health system[1]

Tier 1: Risk Reduction - prevention and community preparedness. As this is the most important tier, investments for prevention and preparedness yield the biggest "bang for the buck" in resilience outcomes. Its focus is on upstream, preventive action and includes strong PHC and community-based surveillance.

Tier 2: Detection, containment, and mitigation capabilities. The capability of the health system to detect, contain, and mitigate outbreaks before they spread widely is essential to

[1] World Bank. 2022. "Change Cannot Wait: Building Resilient Health Systems in the Shadow of COVID-19." Washington, DC: World Bank

the resilience of the health system. This tier is critical during the early stages of an outbreak. It involves the capabilities to identify the outbreak, protect at-risk populations; scale up testing; isolate suspected cases; conduct epidemic intelligence, surveillance, and contact tracing.

Tier 3: Advanced case management and surge response. This final tier of defense includes surge response interventions and secondary and tertiary hospital interventions for complicated cases. Investments focus on surge financing to quickly meet the extraordinary costs of a full-force epidemic or pandemic, making this the most expensive and least cost-effective tier.

6. Implementing UHC

6.1 Governance and Organizational Aspects

The governance structure of UHC aims to have efficient and effective coordination; monitoring and evaluation of UHC related activities, as well as ensuring wide multi-stakeholder engagements in the UHC activities and decision-making processes.

The main structures for UHC Governance are the Secretariat and the UHC Oversight Committee

6.1.1 The UHC Implementation Unit

By way of the Cabinet Conclusion no. 129 of 2022, dated 21st of February 2022 regarding the Implementation of the Universal Health Coverage-Phase 1, the Cabinet of Members approved the creation of the UHC Unit. This unit is initially assumed under the Health Systems Strengthening Project within the Ministry of Health, Wellness and Elderly Affairs, to facilitate the implementation of UHC. This unit comprises of a Director, a Project Officer and a Secretary. More staff will be recruited as the Unit expands.

Some of the main responsibilities of the Project Director include:

1. Preparation of Policy Papers including White Paper, Cabinet Memoranda and other Policy Position Papers, Communication Plan.
2. Provision of technical leadership and managerial support to the UHC Project, as well as efficient and effective monitoring of work plan.
3. To make recommendations to the Permanent Secretary for the recruitment of staff members to support the implementation of the UHC Project as required.
4. Participate in advocacy and policy dialogues with decision-makers and national counterparts on UHC implementation and agenda.
5. Liaise with the Project Coordinator and staff of the Health System Strengthening Project on Component 1.
6. Performance Based Financing to ensure that Project Activities are aligned with the UHC Policy Position.
7. Liaise with other relevant departments and institutions to ensure the objectives of UHC are achieved.

8. Work closely with the Project Coordinator of the Health System Strengthening Project and the UHC Oversight Committee and communicate with relevant internal and

external stakeholders to ensure effective participation during project implementation.

6.1.2 The UHC Committee

The UHC Committee will be responsible for stating the overall strategic direction and oversight of UHC in Saint Lucia. This committee will include both public and private representation for a broader participation in the process. The committee will have a chairperson and a co-chairperson.

Roles and Responsibilities of the Committee will be to:

1. be actively engaged in the UHC working group.
2. discuss and set directions and activities for UHC, as well as engage in significant strategy and policy decisions.
3. highly support the aim, objectives, and activities of UHC, alongside promoting active engagement and collaboration with multi-stakeholders.
4. work with related health systems strengthening project initiatives, thus providing an avenue for discussion on common priority issues that may need a collective decision to move forward.
5. advise on to the UHC work plan and budget and provide advice on how to address challenging problems that may arise.
6. adhere to the commitments of the UHC Global Compact at local, regional, and international levels, thus promoting behaviour change among many.

6.2 Measuring Success

6.2.1 A Monitoring and Evaluation Framework

UHC monitoring requires the use of metrics that will enable both simultaneous and complementary measurements of *access* and *universal health coverage*. As a result, monitoring of universal coverage will be based on the use of metrics that is able to measure the equitable availability of critical system resources (including human resources, financing, and technologies), the appropriate organization of services, and the use of intersectoral approaches to address the social determinants of health. Monitoring of universal access to health will be based on metrics that reflect equity in the use of comprehensive, appropriate,

timely, quality health services, as well as access to intersectoral interventions that impact health and, on the barriers, to access to health services.

This is premised on the model that expanding coverage and access is necessary to improving health status and well-being (19,20). Consequently, the use of tracer indicators of health status is imperative for monitoring UHC.

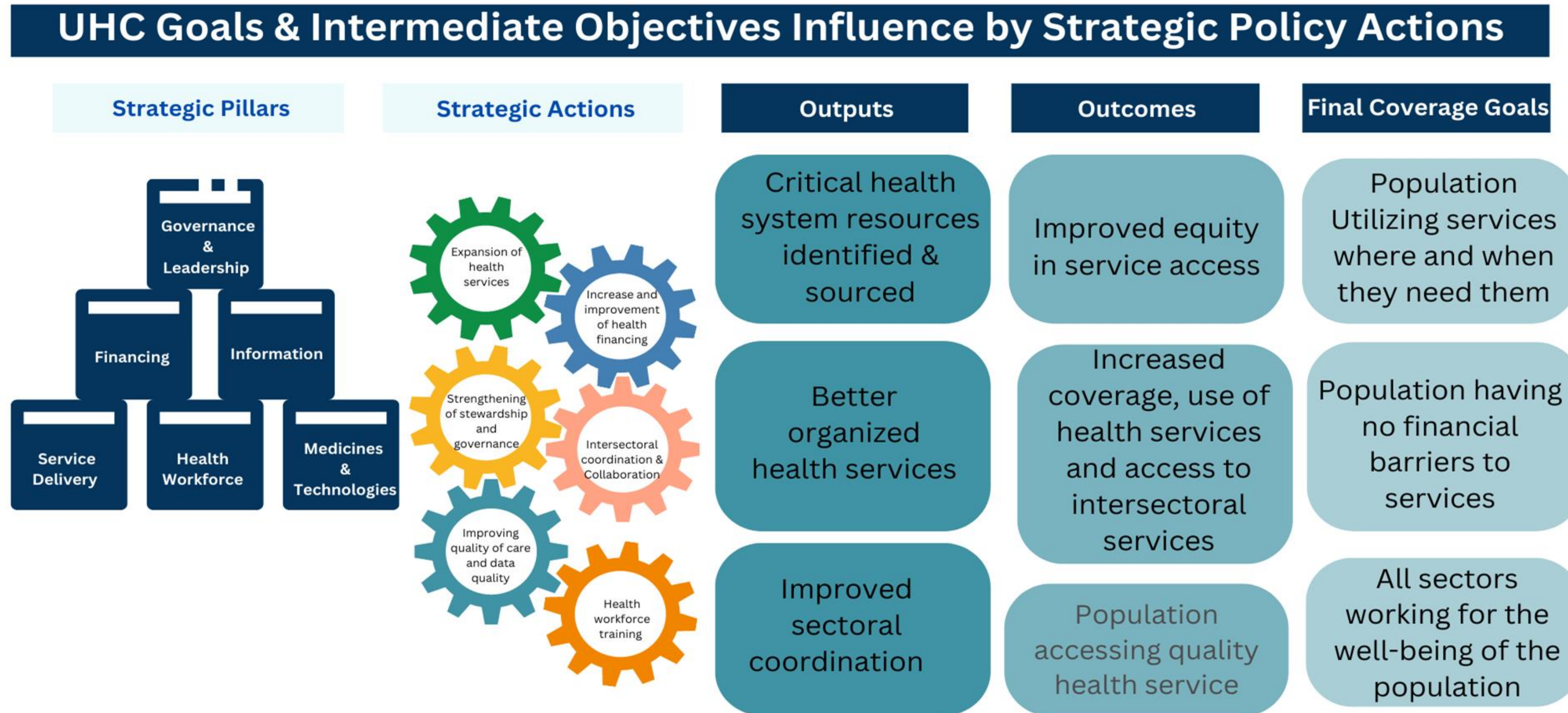
Of importance, is the need to underscore the difference between UHC monitoring proposed within this framework and the global measurement of UHC as adopted within the global indicator framework for the Sustainable Development Goals (SDGs) (21). Furthermore, the distinction must be made that while the metrics used to monitor UHC are able to provide a comprehensive understanding of the quality, relevance and financial availability of health services, within and of themselves, they do not offer a complete picture of the various barriers to access to health services, nor do they provide any information on the type of interventions needed to improve access conditions (20,22,23). Their incorporation, however, will be used to guide the design and implementation of policies needed to improve access to health. The UHC monitoring and evaluation framework will be used to assess the progress and complexity of the transformations needed for Saint Lucia to advance towards universal health coverage and interpretation of observed trends within that context.

6.2.2 Components of the Monitoring Framework

Development of the UHC monitoring framework and selection of effective indicators across the distinct elements of UHC, access and coverage was based on an extensive literature review. The monitoring framework is built across four dimensions of analysis; (i) impacts, which focus on health status and well-being; (ii) outcomes, which focus on universal access; (iii) outputs, framed around the concepts of universal coverage; and (iv) strategic actions, built on policies, plans and programmers. It is premised that the values of right to health, solidarity and equity constitute cross-cutting elements of the monitoring framework (20). It is purported that the relationships across these dimensions reflect the theory and the assumptions that underpin the need for the integrated formulation and implementation of policies related to each of the various elements of health systems in order to have an effect on conditions of coverage and access and, ultimately, an impact on population health status and well-being (20,24,25).

In Saint Lucia’s context, it is important that this monitoring framework aligns with the priorities defined in UHC investment case, measures the reduction in health system bottlenecks, tracks progress towards achieving the impact targets and assesses equitable effective coverage.

FIGURE 7. UHC GOALS AND STRATEGIC OBJECTIVES INFLUENCE BY STRATEGIC POLICY OPTIONS



The output measures, which will be framed around the concepts of universal coverage will be built on the 6 pillars of the health system (Medicines, vaccines and technologies, Leadership and Governance, Health Information System, Health Financing, Service Delivery and Health Workforce). Figure 3 below is an illustration of the above.

6.3 Bringing UHC to the Public

6.3.1 Stakeholder (Internal & External) Communication

Universal Health Coverage (UHC) allows all individuals to have access to their needed health services, when and where they need them, without financial hardship with the express purpose of better health for all. The rationale for UHC is to reduce health disparities. As such, UHCs impact should result in **meaningful and tangible improvements in the lived experiences of populations to optimize their state of health and well-being**. This is realized by effectively bridging individuals and communities into the health care system with the goal of improving the health status of individuals and the overall national health profile. As Saint Lucia continues the national agenda of health reform, UHC will manifest in meaningful and tangible improvements in the lived experiences of the population, with improvements being registered and over time, gains in key health indicators.

To successfully achieve this, it is important that citizens are engaged as not only beneficiaries of the UHC but also as its owners and advocates. This will serve to strengthen the existing levels of social agency. This would advance the drive for bolstering the protection safety net for the more vulnerable sections of the population who require additional cushioning to minimize the health care catastrophic costs and burden of health care.

6.3.2 Stakeholder Engagement Model

Engaging stakeholders is an important process to achieving UHC. It not only creates a forum for building synergy among stakeholders, but it also contributes to increasing ownership of the change process to UHC. There is a five (5) step cycle in stakeholder engagement, where each step impacts the successive step. These steps are outlined below and will be followed in the development of UHC.

6.3.2.1 Step 1 (Engagement Strategy)

- Form a working group to develop initial UHC draft White paper.
    - Working group includes persons from the Public Service and the Private sector and this group has already been formed.

6.3.2.2 Step 2 (Stakeholder Mapping)

- Enlist the relevant stakeholders who will be further engaged to review the UHC documents and contribute accordingly.
- Define criteria for identifying the larger stake-holder community, select engagement mechanisms and scheduling of meetings.

6.3.2.3 Step 3 (Focus)

- Determination of logistics for the engagement
- Setting of rules for the engagement
- Focus on the discussions towards their feedback on UHC to ensure their input into draft White Paper.

6.3.2.4 Step 4 (Engagement)

- Conduct the engagements, while ensuring equal stakeholder contributions.
- Mitigation of any tensions that may surge, while maintaining focused on the objective of the discussion.

6.3.2.5 Step 5 (Action Plan)

- Identification of important input for discussions
- Review of the draft UHC White Paper to include important information from stakeholders' consultation.
- Planning of next steps for future stakeholder consultations.

The key actors in the stakeholder engagement process and their respective roles are shown in table 3 below.

Table 3. Key Actors in the Stakeholder Engagement Process

LEAD ACTORS FOR ENGAGEMENTS	ROLE	PRIMARY METHOD OF ENGAGEMENT
Universal Health Care Unit; *Lead Spokesperson*	• Advocacy for UHC • Communicate roadmap and progress. • Actively engaged in dialogue and feedback with communities	Lead and direct the coordination of the engagement campaign
INTERNAL STAKEHOLDERS		
Ministry of Health, Wellness and Elderly Affairs (MOHWEA); *Policy Directors*	- Advocacy for UHC	Briefings and routine updates
MOHWEA (*Primary Health & Public Health technical officers*)	• Facilitate and support public communication; message penetration, attain feedback. • Communicate benefits of UHC for clients and communities.	Meetings Symposia
EXTERNAL STAKEHOLDERS		

Line Ministry	• Facilitate a collaborative response. • Support identification of enabling and mitigating factors in communities. • Information dissemination and mobilization of targeted stakeholders. • Innovate and input into community engagement strategy.	Stakeholder meetings and updates Key informant discussions Consultations Collaborative training seminars
Community leaders and influencers (*inclusive of caregivers outside the formal health care system*)	• Change agents • Identify and mobilization of social networks. • Rudimentary building of knowledge and information dissemination. • Identify facilitating and enabling factors within communities to drive UHC acceptance and ownership. • Innovate and input into community engagement strategy.	Focus group discussions Consultations Planning meetings Collaborative training seminars
Community residents	• Information dissemination. • Participatory dialogue and feedback.	Town hall meetings Informal discussions
Clients of community-based health facilities	• Information dissemination • Participatory dialogue and feedback	Informal discussions
Professional health associations and ally health organizations	• Advocacy • Communicate and build knowledge benefits of UHC. • Support public and amplify communication; message penetration, attain feedback. • Support creation collaborative response	Stakeholder meetings and updates Key informant discussions Consultations

6.3.3.3 Public Relations Strategy for UHC

The goal of achieving Universal Health Coverage can be successful if supported by effective methods of communication. There is a need to actively engage stakeholders in the advancement of this UHC agenda in Saint Lucia. The communication strategy for Universal Health Coverage is aimed at raising awareness and increasing engagement of stakeholders on UHC. Messages will be tailored based on the stakeholder and will focus on driving the UHC agenda forward.

To ensure that every stakeholder participates in the development and implementation of processes for the advancement of UHC agenda in the country, there must be advocacy from the policy level to the public. These stakeholders, who include representatives of the health care facilities, government representations, civil society representatives and others, will play

a key role in influencing, educating, and advocating for users of Universal Health Coverage. Therefore, it is necessary that there is dialogue across all sections through consultations. This consultation will ensure that information on the UHC concept is provided but also facilitates the exchange of concerns, views, experiences, and knowledge among those stakeholders which will assist with the smooth facilitation of the Universal Health Coverage activities. More in-depth consultations will focus on educating and engaging stakeholders on the implementation, processes, and benefits of Universal Health Coverage.

Gaining the interest of the public in UHC and ensuring that information is available to the users of UHC, and other key stakeholders is important. The goal is to introduce these stakeholders to the concept of UHC, and jointly develop its agenda. A proactive approach must be taken to address the communication needs for the successful implementation of Universal Health Coverage UHC. Communication strategies such as use of the media for public awareness, use of informational materials such as banners, fliers, newsletters, use of online platforms such as website, social media, text messages, blogs, use of influential individuals and use of promotional materials.

To measure the effectiveness of the communications efforts used among target audiences, there is need to conduct evaluation so that progress and success can be measured. Measuring the metrics will help to determine whether the message was received, heard or acted upon. Communications efforts evaluation will assist in pinpointing some of the key issues and areas for action. It will also assist with improving messages in the communication strategies.

7. Potential Challenges to Implementation and Plans for Mitigation

Implementation of UHC in Saint Lucia, will come with a number of potential challenges that need to be anticipated and for which mitigation measures need to be planned. Among the key potential challenges and their planned mitigation measures are the following:

- ***Global and Regional Macroeconomic Environment.*** A challenging global and regional macroeconomic environment can be a challenge to the implementation of UHC, as it can constrain the financial resources available to be allocated to the whole health sector. In order to plan to mitigate the effect of such an environment, the implementation of UHC should be focused on increasing efficiency in services delivery within the sector. This will ensure that even in an environment of a challenging global and/or regional macroeconomic environment, the sector can still be able to deliver more services with limited financial resources (more health for money).
- ***Sustaining Political Commitment.*** Implementation of UHC in Saint Lucia, as in many other countries, will take many years and will run through several cycles of Government. There is a potential challenge that over the course of several years, political commitment may wane and will need to be sustained. In order to mitigate against the potential for waning of political commitment to UHC, the planning, rollout and implementation of UHC should have continuous engagement of all sides of the political spectrum in Saint Lucia. This will ensure that stakeholders from different spheres of the political spectrum have buy-in and commitment to UHC and will sustain its implementation over the years. Furthermore, this will also ensure that any UHC related legislation that needs to be approved in parliament, will readily obtain support from lawmakers from all sides of the political spectrum.
- ***Unforeseen Disaster Events.*** Implementation of UHC can be impacted by unforeseen disaster events that can derail existing implementation plans. Hurricanes are common disaster events in the region, pandemics such as the ongoing COVID-19 pandemic can occur, and the ongoing climate change can also introduce new disaster events. To mitigate against these potential disaster events, the implementation of UHC in Saint Lucia should always be done in the context of having disaster preparedness plans for such unforeseen disaster events. Such disaster preparedness plans should include coordination with other non-health sector ministries, civil society, the private sector, national, regional, and international organizations.
- ***Industrial Action and/or Other Labor Disputes.*** Since the health sector is labor-intensive, industrial action and other labor disputes can impact implementation of UHC. The current shortage of health workers in the country can therefore be

worsened by any such industrial action or other labor disputes. To mitigate the impact of such industrial action, the implementation of UHC should include a plan of action to address such industrial action, including among others, plans to ensure staffing for emergency services and critical areas of service delivery.

- ***Pace of Processing Legislation at the Attorney General's Office.*** The implementation of UHC envisages reforms in the health sector that will need new legislation to be processed in a timely manner. Due to the backlog of pending legislations in the Attorney General's office, there is a potential challenge that the legislations will not be processed in a timely manner. To mitigate against this, the MOHWEA will need to engage with the Attorney General's Office, so as to have a dedicated person assigned in the Attorney General's office, to expedite the processing of UHC related legislations.
- ***Equity and Inclusiveness in Engagement of Stakeholders.*** While engaging the public on UHC, there is a risk that the marginalized parts of society may inadvertently not be engaged. To mitigate against this, deliberate attention should be given to equity and inclusiveness in the engagement for UHC, to guard against the overrepresentation of specific interests. Attention should be paid to existing inequities over a range of factors including age, gender, socio-economic status, literacy and education levels.

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