

The Declaration of Astana- Time for Stocktaking and Action



INTRODUCTION

The second anniversary of the Astana declaration was marked around the world on the 27th October 2020 with renewed hopes of accessible and quality primary health care for everyone anywhere in the world. The declaration of Astana was a reaffirmation of the earlier Alma-Ata declaration (1978), to which world leaders committed to invest in, and strengthen their primary health care systems to realise universal health coverage for their respective countries and people. The commemoration of the anniversary is very important to us because it marks a period where States including Ghana recognised the importance and delayed efforts at delivering a strong and resilient primary health care systems to their populations particularly those in the developing world such as our case in Ghana. Also, this anniversary is important to us because it enables us to take stock of what has been achieved and remind our government about their commitments under the declaration and the outstanding tasks yet to be attended to.

On the 25th and 26th of October 2018 in Astana, Kazakhstan, world leaders committed themselves to make bold political choices for health across all sectors and to build sustainable primary health care systems in their respective countries. These two elements were aptly identified as the broad focal areas to ensure functional and sustainable PHC service delivery eventually becomes a reality in the developing world.

Today, the COVID-19 pandemic has shown that Ghana cannot keep postponing this very necessary condition required for our collective security. Fortunately, on our part in Ghana, the pandemic has not raged among the population as it has severely done in other parts of the world. We do not have to wait for a deadlier outbreak before adequately putting up and installing our health defenses. We therefore need to work hard as a country to push for the outstanding issues on this matter to be addressed. Outstanding issues such as; deficit in political will to build a sustainable PHC system.

UHC will not be achieved without strong political will

Without bold political decisions to allocate the required resources that are needed to ensure that everyone living in Ghana has access to primary healthcare, the attainment of Universal Access will continue to be a distant dream for many people. The lack of resources and urgency on the issue has made it such that, despite efforts of successive governments there remains a considerable room for improvement.

Inter Sectoral Collaboration is Necessary for a successful PHC implementation

Rightly, the primary healthcare ethos recognise that there is not only one, as most of our health policies and spending portray, but three important means of ensuring good health and wellbeing for everyone - these are promotional, preventive and curative health care. The promotional and preventive health care approach mean that relevant stakeholders across sectors need to work together to ensure an all-of-Government approach to ensuring policy coordination and coherence.

Focusing on the key factors that contribute to ill-health

The import of this understanding implies, rather than spending a lot of money and time in treating sickness, it is also necessary to make the needed investment to prevent people from becoming sick and therefore special attention should be directed also to factors that contribute to the ill-health of the population; social, environmental and economic factors that determine the health situation of the population.

Social elements like access to safe water, education and housing have proven over the years to be important factors that affect the health and wellbeing of people. Similarly, environmental factors such as air and water pollution and people's ability to afford health care or not are also important determinants of health.

To prevent the huge curative healthcare expenditures of the country, it should be obvious that the inputs and contributions from other relevant sectors are not only important but necessary. The reality of modern times and the pressures of urbanisation and globalisation on both small and big towns demand that health administration is no longer seen as the responsibility only of a ministry of health but a responsibility of all ministries who have the ability to keep the gates and ensure that diseases do not afflict the people.

Need for a national PHC policy

A starting point for bringing the institutions together will be the provision of a national primary health care policy for the country that clearly spells out the framework and structures for ensuring coordination of strategies by the different stakeholders and sectors in contributing to a sustainable and resilient primary health care system for the country. The financing and the national PHC policy requirements are attainable goals that the country can realise but not without a strong political will and leadership on these issues.

Weak primary health care systems

Law to back PHC implementation

The existence of laws clearly spelling out policy goals to deal with the challenges of the time is also important to securing funding for PHC and

demonstrating the seriousness of providing primary health care. In Ghana currently, the National Health Insurance Scheme and the Community Based Health Planning and Services (CHPS) system form the main pillars of our PHC strategy. The laws presently informing the implementation of PHC like the National Health Insurance Act 825, are general and not specific towards the promotion and improvement of PHC in the country.

NHIS and the CHPS as key PHC strategies

Ghana through the NHIS and the CHPs programme has made some progress in the delivery of primary health care. However as has been noted, there is more work to be done to ensure that facilities and services exist in all communities and people are able to access health services without barriers. The indigent coverage of the NHIS does barely cover the number of people who due to financial challenges are not able to access the scheme. As of December 2018, the scheme covered only about 36% of people in Ghana about 10.8 million people. Meaning about 64% of Ghanaians were not covered. Though one of the major political parties in the past promised to work towards a one-time premium payment; that promise did not materialise. A recent study also found only 13% of CHPS selected for verification to be functional. These examples show that there is much work to be done in ensuring that health services reach everyone in every part of Ghana.

As mentioned earlier, there is an urgent need to transition from the ideas and health sector structures built around clinical care to the more sustainable approach of combining that with preventive health care. This will require the tedious work of recalibration and realignment of current health care planning, funding, implementation, and evaluation systems. The considerable savings that this approach will make for the national economy makes it worth actively pursuing as a national priority.

Commitments made by Ghana and other countries.

To the above challenges among others, the leaders specifically committed to the following in Astana;

To make bold political choices

- Ghana and the other signatories to the declaration reaffirmed their primary role and responsibility as Governments to promote and protect the right of everyone to the enjoyment of the highest attainable standard of health. They pledged to promote multi-sectoral action and Universal

Health Coverage whilst working with relevant stakeholders and empowering local communities to strengthen primary health care.

- They pledged to address economic, social, and environmental determinants of health and aim at reducing risk factors by mainstreaming a Health in All Policies approach.
- The Government of Ghana and the other Governments agreed to involve more stakeholders in the achievement of Health for All, leaving no one behind, while addressing and managing conflicts of interest, promoting transparency, and implementing participatory governance.
- In the declaration the countries agreed to avoid or reduce conflicts that undermine health systems that roll back health gains. They recognised the importance of coherent and inclusive approaches to expand PHC as a pillar of UHC in emergencies, ensuring the continuum of care and the provision of essential health services in line with humanitarian principles.
- They pledged to appropriately provide and allocate human and other resources to strengthen PHC.

Building sustainable Primary Health Care systems

To provide sustainable primary health care systems, our government and the other countries committed to;

- Implement PHC in accordance with national legislation, contexts, and priorities. That they will strengthen health systems by investing in PHC.
- Enhance capacity and infrastructure for primary care – the first contact with health services – prioritizing essential public health functions.
- Prioritize disease prevention and health promotion and aim at meeting all people's health needs across the life course through comprehensive preventive, promotive, curative, rehabilitative services and palliative care.
- Provide a comprehensive range of services and care, including but not limited to vaccination; screenings; prevention, control and management of noncommunicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health; and mental health and sexual and reproductive health.

- Make PHC accessible, equitable, safe, of high quality, comprehensive, efficient, acceptable, available and affordable.
- Deliver continuous, integrated services that are people-centered and gender-sensitive.
- Strive to avoid fragmentation and ensure a functional referral system between primary and other levels of care.

Current actions and progress

Development of a UHC Road Map

A UHC Road Map has currently been developed by the Ministry of Health to ensure that Ghanaians have access to quality health care without financial barriers. Appropriately, the Government has identified primary health care as the key strategy to realising the vision of UHC. In this strategy the NHIS and the CHPS will continue to maintain their role as principal pillars for the delivery of primary health care in the country towards UHC.

Development of a PHC Strategic Plan

A PHC strategic plan has also been developed by the Ministry of Health which does a deep analysis of the PHC challenges and offers strategies and a costing plan to bring the plan to fruition. Though this laudable, it is limited to the health sector and will require the buy in and cooperation of other sectors that substantially influence health outcomes.

Recommendations

The following are some key recommendations based on the observations above:

Need for a National PHC policy

A national PHC policy is needed to, among others, provide the framework for the intersectoral collaboration and coordination required for effective implementation of PHC services that give equal importance to disease prevention as well as clinical care.

Population coverage of the NHIS need to be widened

The equity issue of the NHIS as the current low coverage figures demonstrate is still outstanding. As the UHC road map will be relying on the NHIS as an important pillar to extend healthcare to all, it is important that this situation is remedied to ensure coverage of more Ghanaians who are currently unable to enroll on the scheme due to economic reasons.

An Essential Health Services Package is required to provide PHC for all

If the UCH and SDG 3 goals are to be achieved, healthcare should not only be made available, but people should also be able to access it. It is important for a comprehensive and foundational essential health services package to be guaranteed for everyone living in Ghana to ensure that all can indeed have access to healthcare services irrespective of their financial or geographical status.

Improve the disease prevention role of the CHPS

The CHPS concept is a laudable one and must be extended to all communities currently without health care facilities. The community outreach and disease prevention functions of the CHPS need to be widened and well-resourced. This understanding needs to reflect in the programmes and human resource recruitment for the CHPS.

Provide PHC budget disaggregated data

Currently it is very difficult to track and monitor PHC services and spending in the country due to the absence of specific budget lines or allocations to specific PHC activities. To enable civil society and other stakeholders to follow and understand progress in the sector, it is important for the Ministry Health and the Ministry of Finance to provide disaggregated data for PHC in the national budget.

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