“Health for All”
Changing the paradigm of healthcare provision in S. Tomé & Príncipe
Instituto Marquês de Valle Flôr | 1988 - 2008
Project “Health for All”
Project “Health for All”
The Millennium Development Objectives:

- provision of largely primary healthcare must be reinforced closer to populations
- The healthcare package to be provided to populations should include accessible good quality healthcare, but also community rehabilitation projects, education and support to families and treatment of acute diseases

The participation of local health professionals and populations is a critical factor for success
Introduction
The Bamako Initiative (1987)

The Bamako Initiative:

– reinforce local healthcare systems through the adoption of cost-recovery schemes
– decentralisation of decision processes and the empowerment of citizens

This objective is being developed mainly through the contracting out of private entities, including NGOs.
Advantages:

1. Assuring a strong focus on measurable outcomes, mainly if contracts define objective indicators;
2. Overcoming constraints that stop governments effectively using available resources;
3. Using the flexibility of the private sector to improve services;
4. Developing management autonomy and decentralising decision processes to local managers;
5. Using competition to improve efficiency and effectiveness;
6. Allowing governments to focus on those activities which they are more directed and better positioned to, such as planning, regulation, standards definition, funding and public health functions.
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6. Allowing governments to focus on those activities which they are more directed and better positioned to, such as planning, regulation, standards definition, funding and public health functions.

Risks and difficulties:

1. Difficult to have enough scale to achieve health outcomes at a national level
2. Can be more expensive than direct provision of healthcare by public services, for the same package of care
3. Can be a source of iniquities in the geographical distribution of health services to populations
4. Many projects present severe problems of financial sustainability when donor funding ends
5. Government’s lack of skills to effectively manage and control contracts.
Instituto Marquês de Valle Flôr (IMVF)
Non-governmental Organization
working in the area of Development since 1951

Mission: promotion of socio-economic and cultural development in Portuguese Speaking Countries

Actually: 40 projects
São Tomé & Príncipe

Insular African Country

2 islands

6 districts

“Fragile State”
“Heavily Indebted Poor Countries”
“Least Developed Countries”

123º place HDI ranking
Introduction

São Tomé & Príncipe

São Tomé & Príncipe

1001km² of area

157,847 inhabitants

60% urban population

Poverty line: 249$/year

15.8% of the population in extreme poverty (2001)

External manifestations of poverty
Introduction
São Tomé & Príncipe

São Tomé & Príncipe

Reduction of Child Mortality rate
1990 - 60‰ | 2006 - 43,9‰

Better access to reproductive health

Reduction of maternal mortality rate
1990-2005 - 100‰ | 2007 - 85‰

Control of malaria, tuberculosis and other endemic and infectious diseases prevalence

Increase of Immunization
1990: 71% | 2006: 85%
(Measles, children 12-23 months)
## Millennium Development Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>São Tomé &amp; Príncipe</th>
<th>Sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1: Eradicate extreme poverty and hunger</strong></td>
<td>Population below minimum level of dietary energy consumption (%)</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td><strong>4: Reduce child mortality</strong></td>
<td>1-year-old children immunized against measles (% of child 12-23 m.)</td>
<td>85</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>Child Mortality rate (1.000 births)</td>
<td>45</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td>Under 5 child mortality rate (1.000)</td>
<td>66</td>
<td>157</td>
</tr>
<tr>
<td><strong>5: Improve maternal health</strong></td>
<td>Adolescent birth rate (births/1.000 Women between 15-19)</td>
<td>69</td>
<td>122</td>
</tr>
<tr>
<td></td>
<td>Births attended by skilled health personnel (% of total)</td>
<td>81</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Contraceptive prevalence rate (% of Women between 15-49)</td>
<td>30</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Antenatal care coverage (%)</td>
<td>97</td>
<td>72</td>
</tr>
<tr>
<td><strong>6: Combat HIV/AIDS, malaria, and other diseases</strong></td>
<td>Prevalence and death rates associated with tuberculosis (100.000 inhab.)</td>
<td>103</td>
<td>368</td>
</tr>
<tr>
<td><strong>7: Ensure environmental sustainability</strong></td>
<td>Urban population with access to improved sanitation (%)</td>
<td>25</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Population with sustainable access to an improved water source, urban and rural (%)</td>
<td>79</td>
<td>56</td>
</tr>
<tr>
<td><strong>Other indicators</strong></td>
<td>Fertility rate, total (births/Women)</td>
<td>4,0</td>
<td>5,2</td>
</tr>
<tr>
<td></td>
<td>Life Expectancy at Birth (Years)</td>
<td>65</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Health (% of GNP)</td>
<td>9,8</td>
<td>6,1</td>
</tr>
</tbody>
</table>
Introduction

IMVF Intervention

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Health Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>Me-Zoxi</td>
<td>8</td>
</tr>
<tr>
<td>1995</td>
<td>Cantagalo</td>
<td>13</td>
</tr>
<tr>
<td>2005</td>
<td>Lembá Ágia Grande</td>
<td>25</td>
</tr>
<tr>
<td>2008</td>
<td>Caué Pague</td>
<td>31</td>
</tr>
</tbody>
</table>
Objectives
Objectives

Evaluate the impact of the “Health For All” Project and its sustainability

- following the introduction of the “integrated healthcare services package”

- including prevention, primary healthcare, acute care, health education and environmental intervention.
Objectives

Evaluate the impact of the “Health For All” Project and its sustainability
- following the introduction of the “integrated healthcare services package”
- including prevention, primary healthcare, acute care, health education and environmental intervention.

Demonstrate that it is possible to improve health indicators and development levels in poor countries
- based on health promotion and disease prevention
- through primary healthcare services of good quality, accessible and financially sustainable.
Project “Health for All”
Sources & Methodology

**Sources:**
- Local authorities;
- “Health For All” Project staff and management;
- Local Health Units;
- IMVF reports;
- WHO, WB, UN reports;
- Bibliographic revision.
Sources & Methodology

Sources:
- Local authorities;
- “Health For All” Project staff and management;
- Local Health Units;
- IMVF reports;
- WHO, WB, UN reports;
- Bibliographic revision.

Geographical Information System:
- Build up by the authors and local staff, during a field visit to the country.
Project “Health for All”

“Health for All”
Description and Outcomes
Population:
• 2008: 157,847
  • 59,7% urban
  • 40,3% rural
• Growth rate (1991-2008): 25,5%
• Pressure in the territory:
  • Água Grande: smallest district and the one that concentrates more population
Age Structure:
• Young Population
• 4 to 7 persons Families represent 57% of the population
• Population under 14 years will continue to growth at a more accelerated rhythm than others
**Income per capita:**
- Reduced economic growth
- Strong prevalence of public help to development: 45.2% of GNP (2005)
- Non-stabilization of GNP per capita
- High inflation rate
- Inequality in income distribution
- 54% of the population lives under the poverty line

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**per capita GNP Evolution 1970-2005**

- Mundo
- Países menos Desenvolvidos
- África Subsariana
- São Tomé e Príncipe
Project “Health for All”

Description and Outcomes

- 2 Hospitals
- 6 Health Centres
- 28 Health Units
- 17 Community Health Units
IMVF Intervention Integrates:

- the management and maintenance of almost (since 2008) all Health Centres and Health Units of STP – where primary healthcare, medicine distribution, health promotion and disease prevention actions, health education and some specialised care are provided

- the construction of water supply and sewage systems facilities

- the cooperation with other organisations in vertical projects like HIV/AIDS, Pulmonary Tuberculosis, Malaria and others.
IMVF Objectives in the National Strategy to Reduce Poverty (NSRP):

1. To create conditions to support autonomy at the population level to adopt attitudes, behaviours and practices to improve and protect their health;

2. To restructure and organise basic healthcare services to improve their capability to answer to population needs, assuring healthcare accessibility and equity;

3. To implement, in an integrated way, actions to fight against those more relevant diseases to morbi-mortality of the country;

4. To develop and implement promotional, preventive and protective health actions directed to target groups of the population, mainly children, adolescents, young adults, women of childbearing age, workers and the elderly;

5. To contribute to the improvement of the nutritional status of the population, mainly in the target groups;

6. To contribute to the reduction of pressure in hospital care;

7. To cooperate with the national effort to reduce and eliminate environmental determinants contributing to a poor quality of life of the population and conditioning its development.
Central Hospital –

Accessibility by foot/ motor vehicle:

• 17% of the population lives <2 hours
Project “Health for All”
Description and Outcomes

**IMVF Health Centres and Units**

- **Accessibility by foot/motor vehicle:**
  - 96.4% of the population lives <2 hours
  - 58% <1 hour
### Infrastructure Resources / Health Units:

<table>
<thead>
<tr>
<th></th>
<th>IMVF</th>
<th>Other Public &amp; Private Organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds (% of total)</td>
<td>51.0</td>
<td>49.0</td>
</tr>
<tr>
<td>Delivery beds (% of total)</td>
<td>80.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Maternity beds (% of total)</td>
<td>79.7</td>
<td>20.3</td>
</tr>
<tr>
<td>With energy (% of Health Units)</td>
<td>77.3</td>
<td>34.5</td>
</tr>
<tr>
<td>Communication resources (% of Health Units)</td>
<td>63.6</td>
<td>34.5</td>
</tr>
<tr>
<td>With Waste Treatment System (% of Health Units)</td>
<td>90.9</td>
<td>72.4</td>
</tr>
</tbody>
</table>
In IMVF Health Units:

- 60% have a full or part-time doctor.
- On average, 12 professionals.
- In 2007, responsible for 73% of the total number of vaccinations in the country.
- Almost 80% of the total number of vaccinations against measles.
- The majority of pre and postnatal visits.
- Involved in the provision of medicines to the population and in lab activities.
Project “Health for All”
Comparing Health Units managed by the IMVF with others

- 2007 | 35,527 deworming
- 84.6% of the child under 9 years
- Health education and information sessions
Utilization rates of the health minimum package - World Bank

- Country and districts under the “Health for all Project”: coverage rate superior to the minimum required
  - pre-natal consultancies (+4,23/visit)
  - Child Health consultancies (+5,15/visit)

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Minimum rate (World Bank)</th>
<th>Project coverage rate (2007)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning</td>
<td>0,2</td>
<td>1,89</td>
</tr>
<tr>
<td>Prenatal Visits</td>
<td>1,9</td>
<td>6,13</td>
</tr>
<tr>
<td>Puerperium Control</td>
<td>0,5</td>
<td>0,61</td>
</tr>
<tr>
<td>Child Health</td>
<td>1,1</td>
<td>6,25</td>
</tr>
<tr>
<td>Integrated Service</td>
<td>0,2</td>
<td>0,96</td>
</tr>
<tr>
<td>Acute care adults</td>
<td>0,7</td>
<td>1,48</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,14</strong></td>
<td><strong>1,99</strong></td>
</tr>
</tbody>
</table>

cost per capita - IMVF: **9,85€ (2007)**

Project “Health for All”
Description and Outcomes

classification of IMVF
implementation of projects regarding drinking water provision and sewage treatment

main actions to reduce and control infectious diseases, such as malaria and gastroenteritis.
**Project “Health for All”**

**Description and Outcomes**

**contribution of IMVF**
implementation of projects regarding drinking water provision and sewage treatment

main actions to reduce and control infectious diseases, such as malaria and gastroenteritis.
all the staff of the “Health For All” Project are local

Involves and responsibilizates the communities – compartipation in health expenditures (cost recovery)
Project “Health for All”

Efficiency and Costs
Project “Health for All”

Efficiency and Costs

IMVF Intervention in STP Funding (%) – 1997-2007

IMVF DSPI Calouste Gulbenkian Foundation STP Government European Union
IMVF Project Cost Evolution, by type, 1988-2007
IMVF intervention

mainly focuses on giving organizational and management support to public Health Units, via:

1. International procurement of medicines, health and general consumables, medical and general equipment, vehicles and all other necessary goods and its internal distribution and supply;

2. Technical support to the activity of local Health District Managers;

3. Provision of training and education to the local staff;

4. Maintenance and upgrading of the facilities.
Project Total expenses:
- 1988: 222,941 €
- 2007: 1,016,618 €

Report “For Better Health in Africa” (1994)
- World Bank: annual cost per capita for basic primary healthcare in African low-income countries: 13.22 USD
Project “Health for All”
IMVF activity in STP

**primary healthcare contracting out in developing countries presents several potentialities:**

1. Introducing rigorous, coordinated and decentralised management and control procedures;
2. Investing in the training and education of local technical staff and the reinforcement of the institutional capability of the Health Ministry;
3. Valuing and fixation of local technical staff, reducing their desire to leave to other countries;
4. Assuring financial sustainability through cost-recovery, considering the economical weakness of the local population and assuring healthcare access for all;
5. Contributing to the rationalisation and reduction in demand of emergency care at the only hospital in the country (Hospital Ayres de Menezes).
Barriers to health and healthcare by the more vulnerable groups were reduced over the last 5 years, contributing to a change in social and territorial iniquities emerging in STP.

The “Health For All” Project is an innovative approach to the health development of an African Portuguese Speaking Country and one can learn some important lessons, including for developed countries, concerning management and the offer of differentiated health care at the local level.

This can be the key to a change in health system practices and outcomes, mainly in those countries where population is affected more severely by obstacles – social exclusion, poverty and geographical isolation – to accede to adequate healthcare.
Project “Health for All”

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Project “Health for All”

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- Fundação Calouste Gulbenkian
- Ministério da Saúde de ST&P
- Comunidade Europeia
- OMS
- UNICEF
In Memoriam
Dr.ª Julieta Espírito Santo
(1922-2008)

“Mãe da Saúde
de São Tomé e Príncipe “
Thank you!
paulasantana@mail.telepac.pt