HHS-Micronesia/Marshall Islands: Policy Implications for 2023

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The views, thoughts, and opinions expressed in this presentation and the paper are the author's own and do not necessarily reflect views of the author's organization or HHS.

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Academic background

- Education:
  - MPA – Woodrow Wilson School of Public and International Affairs at Princeton University, development and health
  - AB – Princeton University ‘16, biology and health policy

- Scholars in the Nation’s Service Initiative (SINSI):
  - Princeton-funded fellowship and scholarship, 5 students per cohort
  - Masters in Public Affairs class of 2020
    - 2016-17: MPA1
    - 2017-19: federal fellowship rotations
    - 2019-20: MPA2
  - This project: 8 month fellowship rotation under mentorship of Erika Elvander (OGA) and Subroto Banerji (OASH)

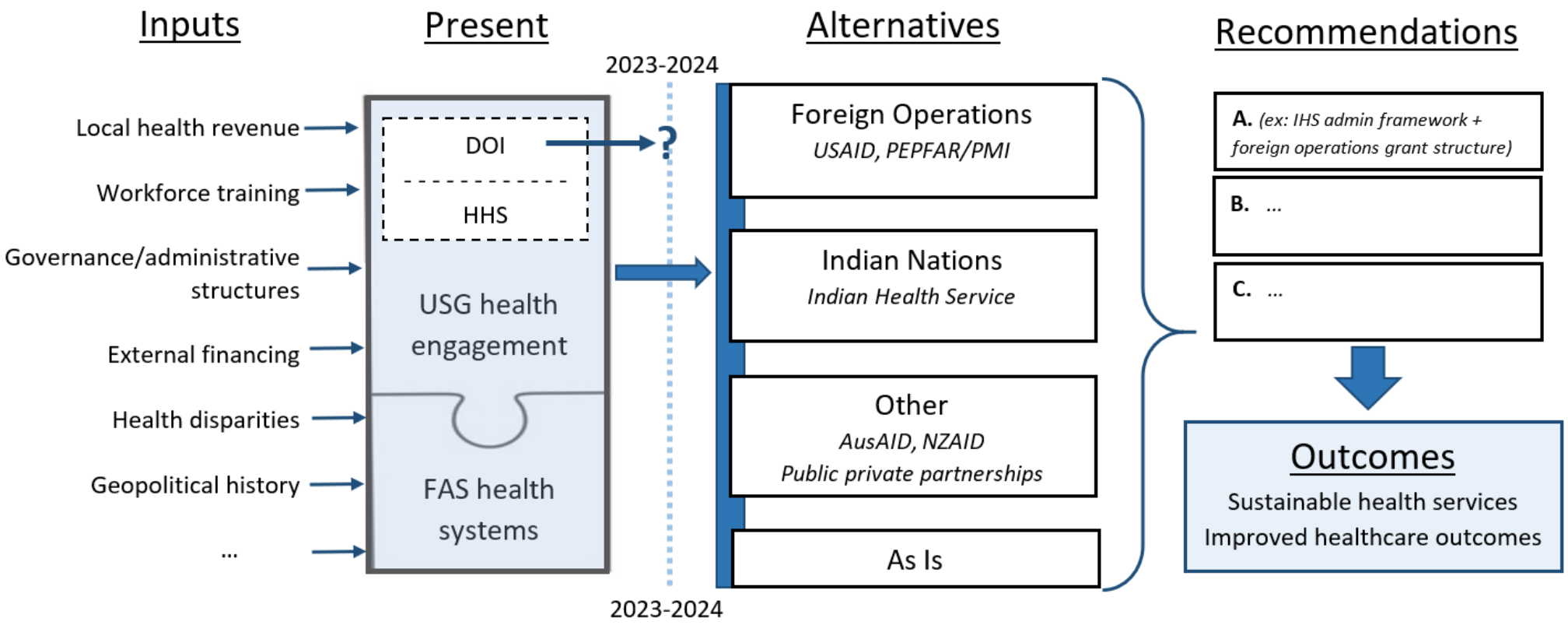
MARCH 2018

My project

- Question: what type of engagement strategy between the FSM/RMI and HHS would facilitate the most productive relationship, support sustainable health services, and contribute to improved healthcare outcomes?
- Research components:
  - Understand the current engagement
  - Consider best practices, lessons learned
    - HHS/DOI, FSM/RMI
    - Alternative health support systems
- Product: policy analysis paper September 2018

MARCH 2018

My project



Project Logic Model: HHS Engagement in the FAS after 2023-2024. This report will:

- consider factors ("inputs," listed in no particular order) influencing the U.S. Government's involvement with FAS health systems
- review the current FAS-HHS engagement strategy ("present")
- evaluate alternative models of engagement ("alternatives," listed in no particular order)
- present recommendations ("recommendations") that could advance the goals ("outcomes") listed.

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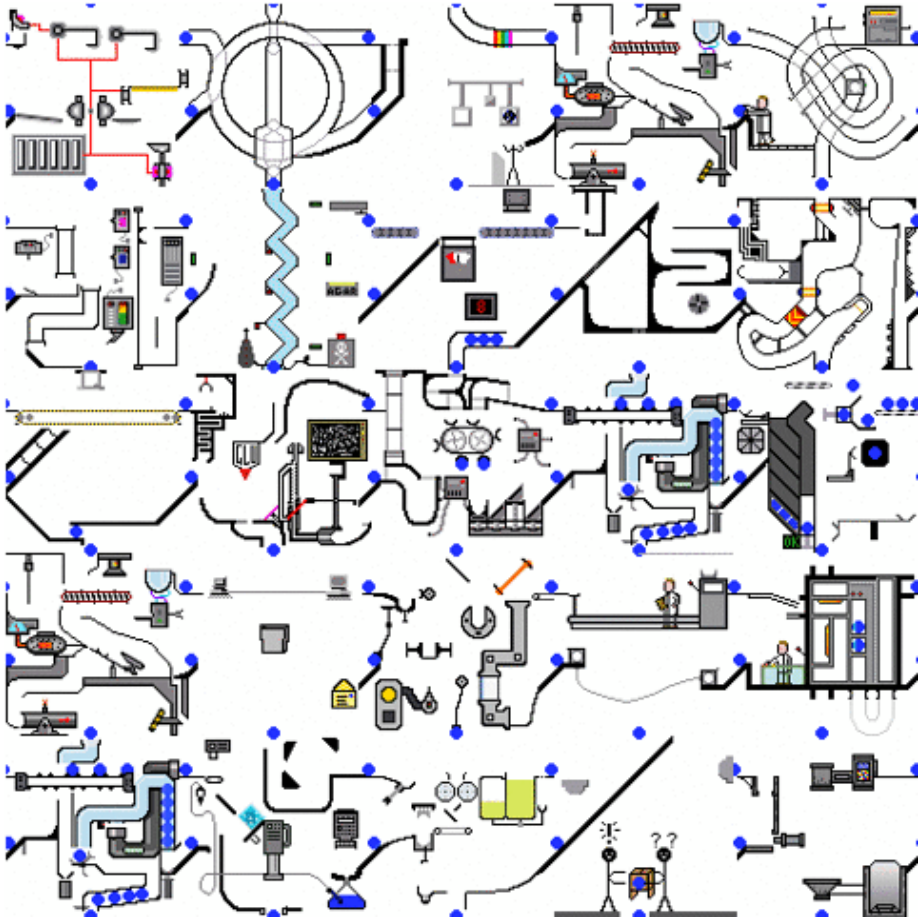
I used this paper to understand how HHS – FSM/RMI engage with each other, to consider alternative engagement strategies, and to raise several policy questions for FSM/RMI, HHS, and partners to consider as we progress to 2023.



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Overview

- Project methods
- Analysis and findings
- Policy implications

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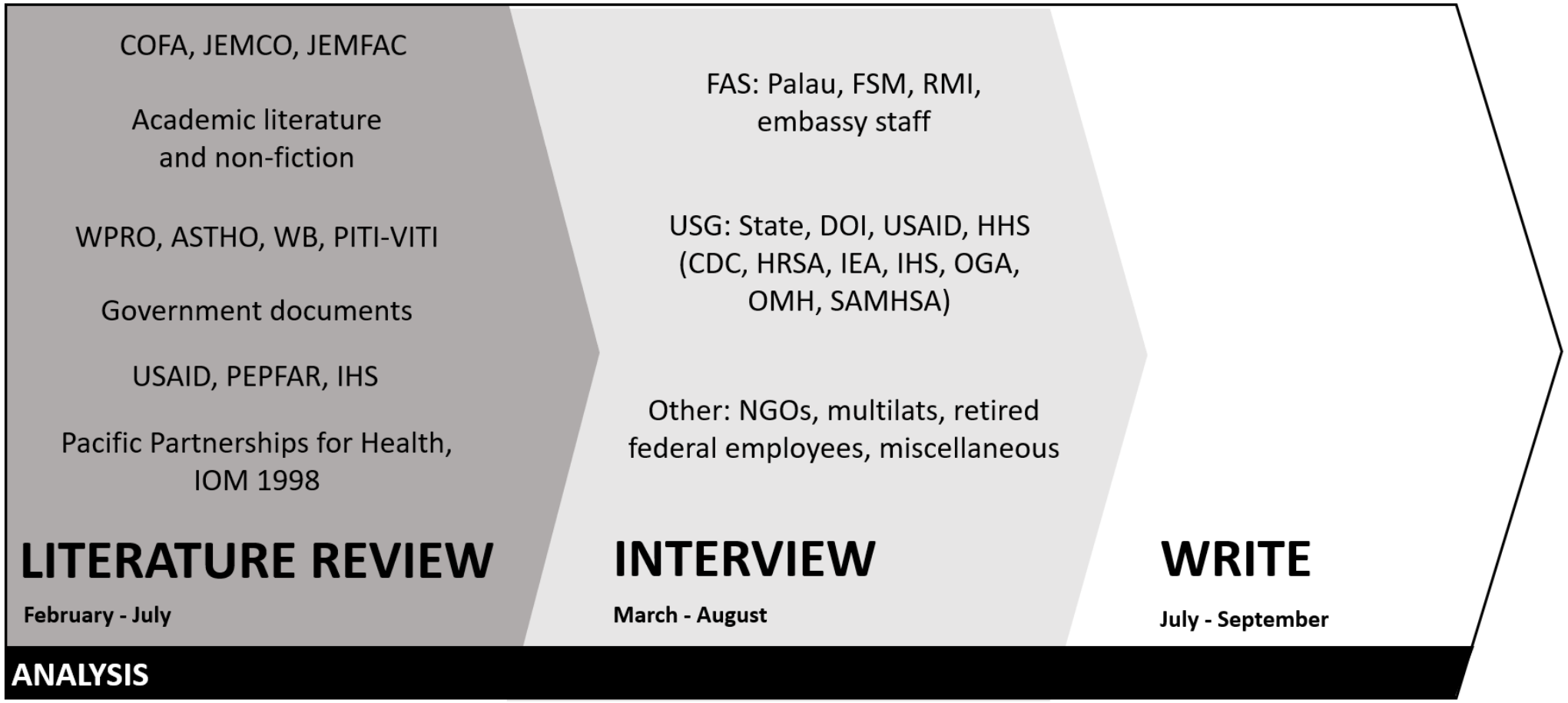
Methods



- Semi-structured
- "broad" context, "deep" best practices

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Presentation Content

Part 1: Engagement context

History

Challenges, opportunities

Part 2: Alternatives

HHS/DOI lessons learned

Alternative models

Part 3: Policy Implications

HHS

FSM, RMI

Content Overview

- Health landscape in FSM-RMI, engagement between HHS and FSM-RMI **pre-2023**
- Three alternative USG health system support models: USAID, PEPFAR, and USG support for American Indian/Alaskan Native communities through IHS
- By including FSM-RMI as eligible grant recipients for grants geared toward the stateside population, current HHS engagement assumes that FSM-RMI can operate like states
  - +: US-based health systems, limited health system growth over period of the Compact
  - -: Limited health capacities, significant workforce challenges, developing-world disease burdens, extremely isolated populations, and sovereign status
- **HHS engagement in this region may benefit from** a subset operating strategy that considers these nation's developing world context, increases coordination among USG stakeholders, and promotes greater ownership of the respective island health care systems
- **FSM-RMI engagement with HHS and other external financers may benefit from** increased local health revenues and ownership, improved funding flows within FSM-RMI governments, and increased legislative advocacy (for USG engagement)

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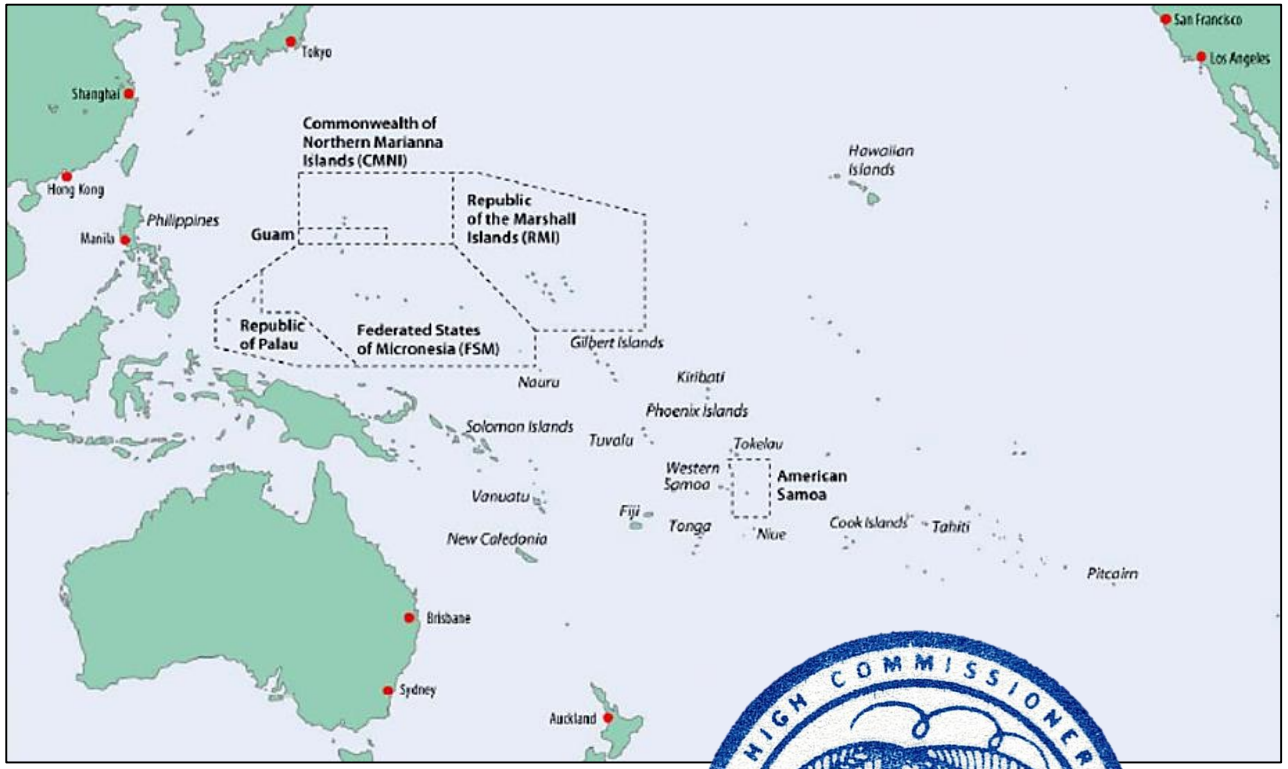
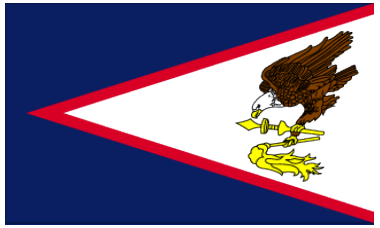
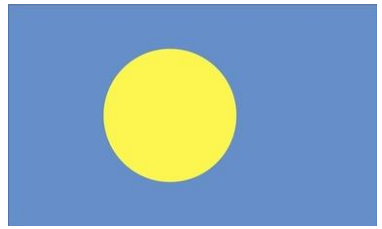
Background: US Pacific Context



Territories:



Freely Associated States:



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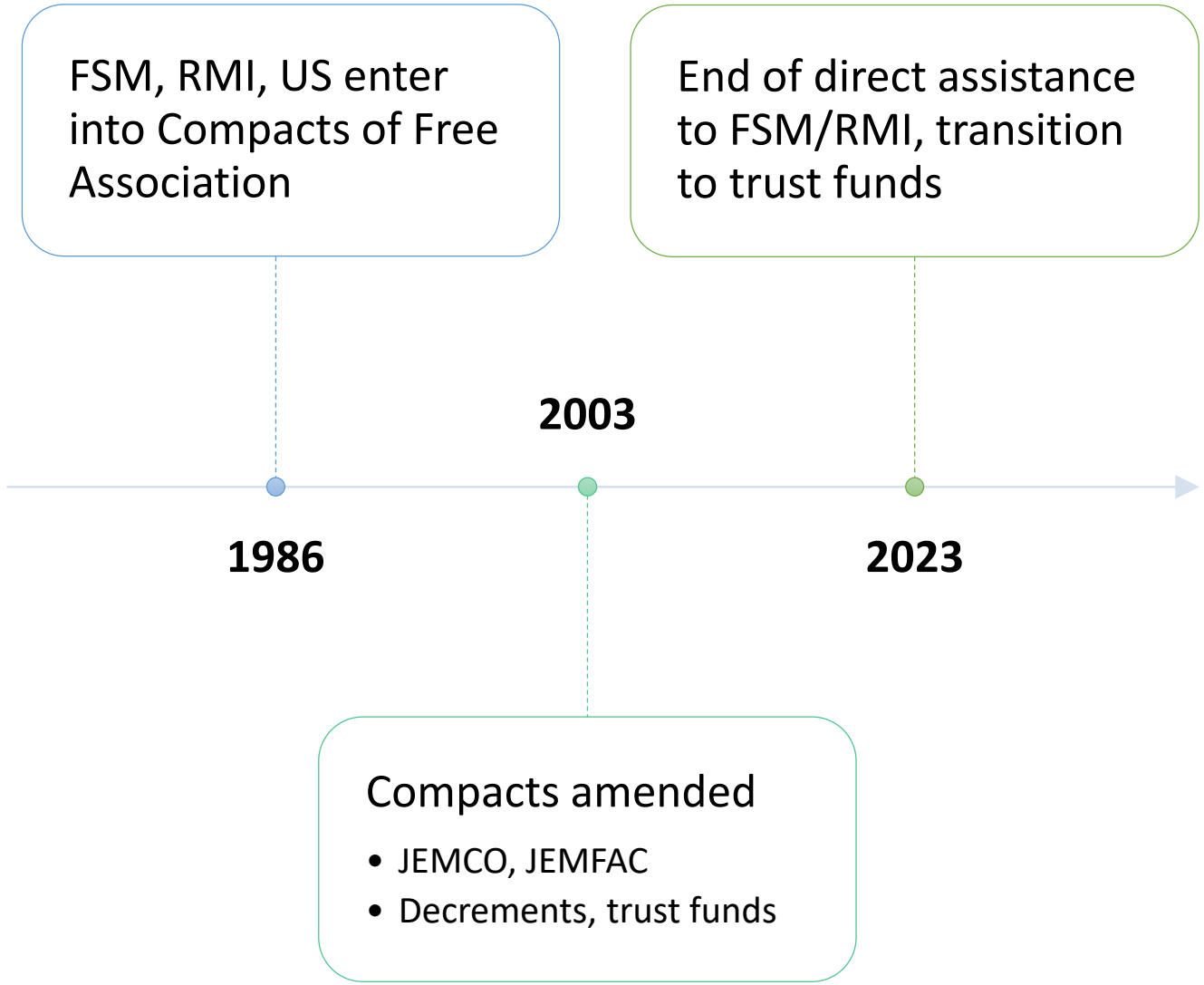
Compacts of Free Association

- TTPI to independence
- Economic assistance administered by DOI/OIA

Economic assistance
Military defense support ↔ Strategic denial
Unlimited travel



"economic self-sufficiency" and "budgetary self-reliance"

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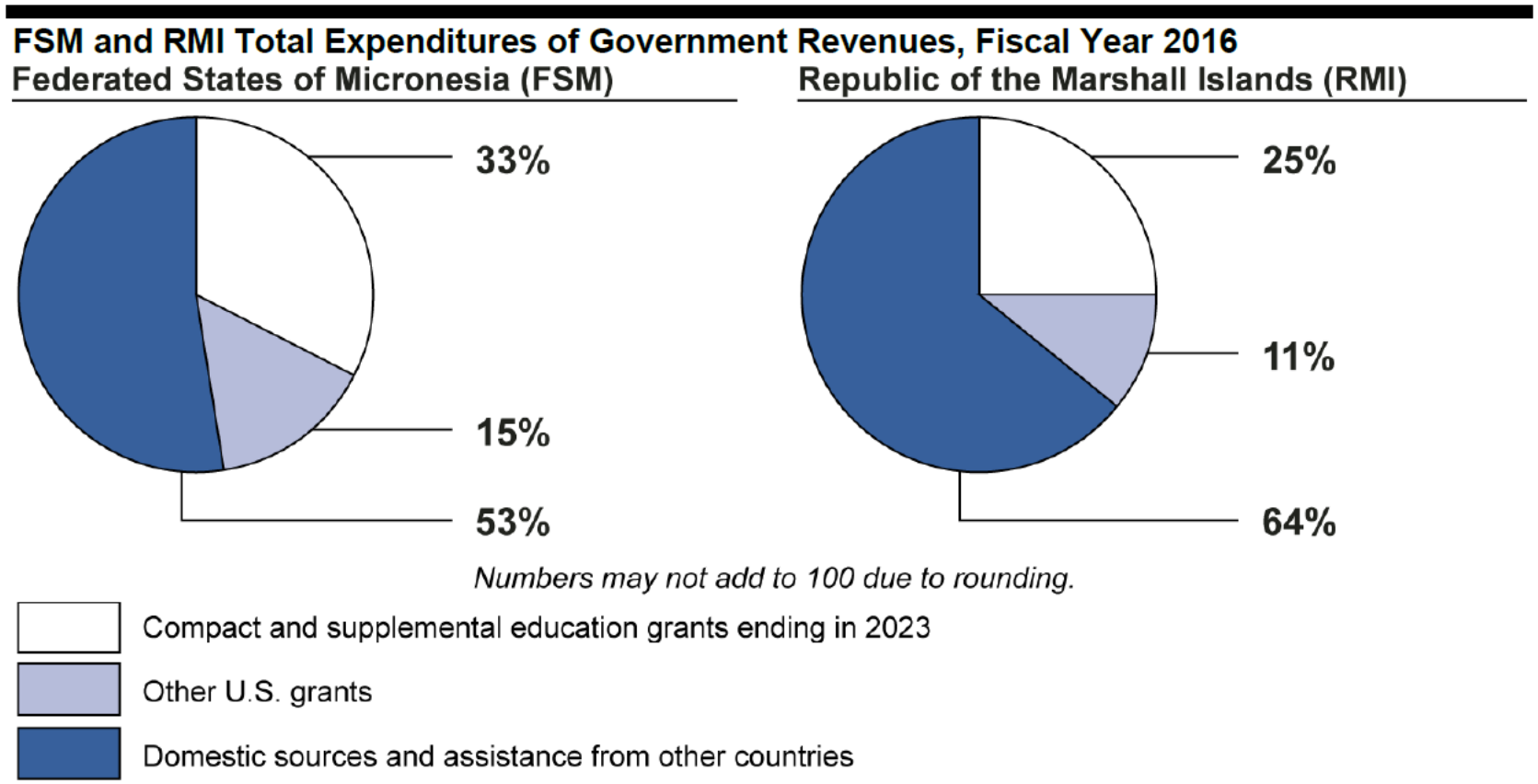
Government expenditures in FSM/RMI (2016)



Takeaways: >50% "local" financing; significant external (USG) financing

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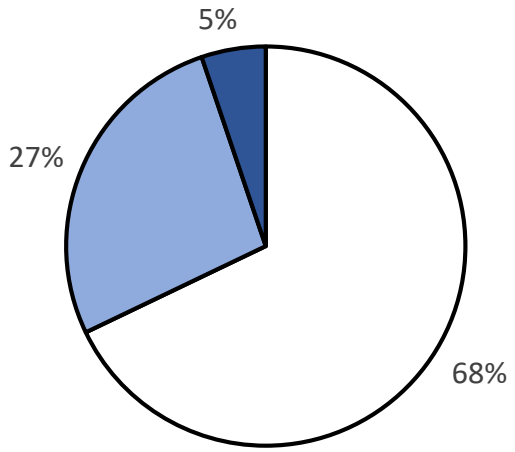
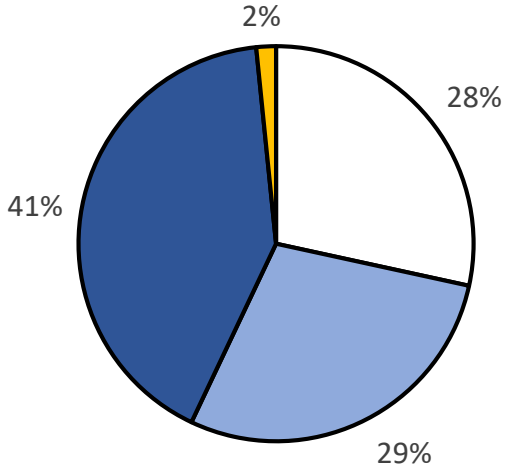
Health financing in FSM/RMI (2019)

	FSM 2019	RMI 2019	State (average)
Compacts DOI or other federal funds	$22,825,369 (68%)	$8,826,733 (28%)	32%
HHS grants	$9,047,415 (27%)	$8,892,957 (29%)	16%
Local revenues	$1,749,604 (5%)	$12,842,439 (41%)	42%
Total health budget	$33,622,388	$31,062,129	(90% of health budget)

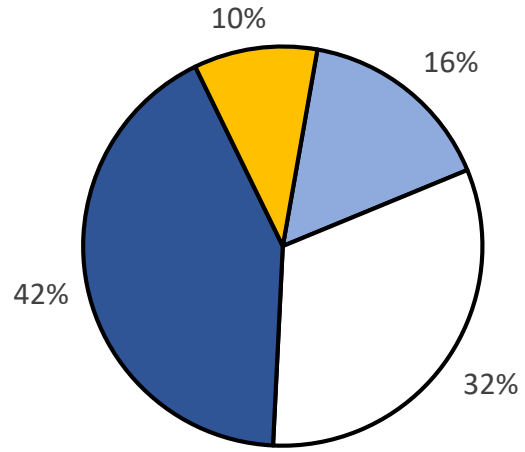
FSM Health Budget FY2019 (estimate)



RMI Health Budget FY2019 (estimate)



State healthcare financing (average)



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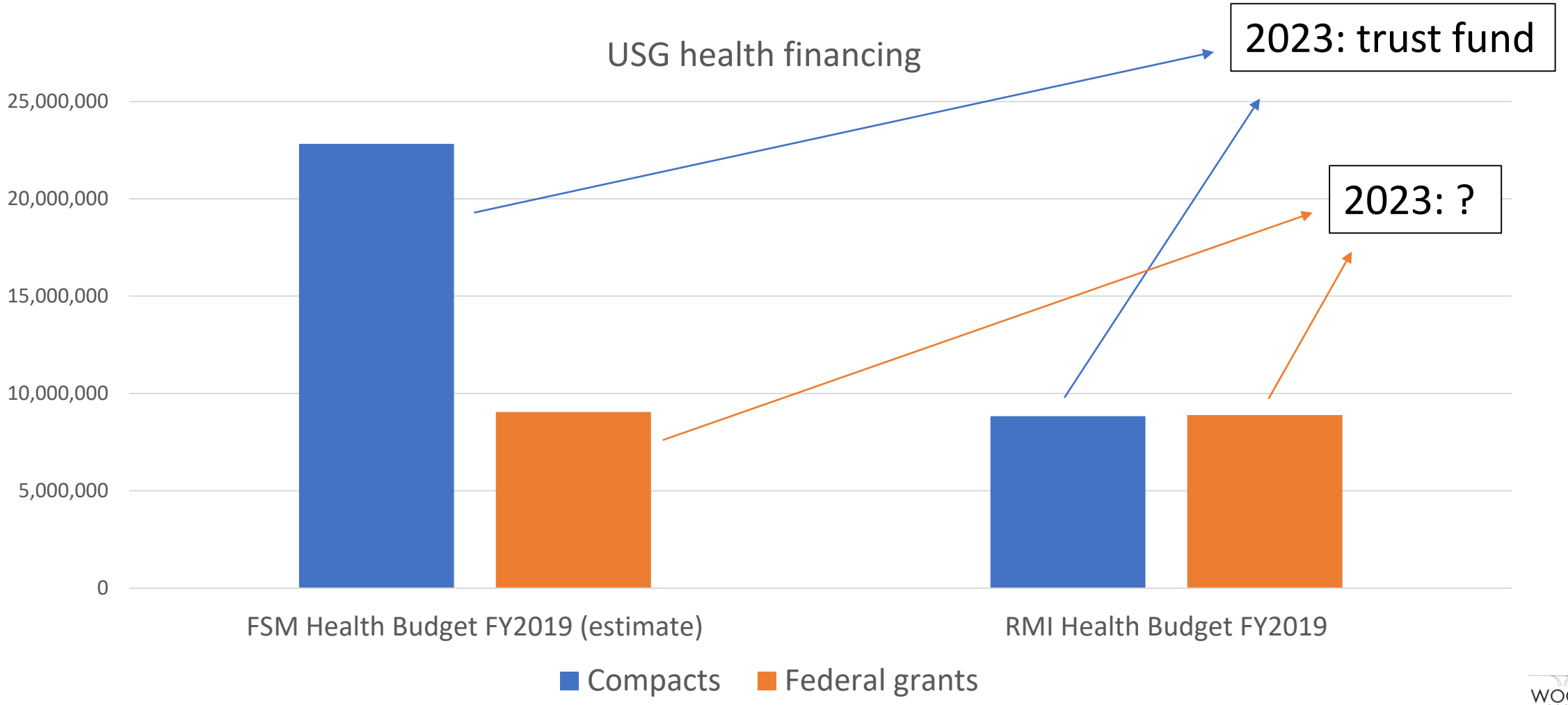
Two streams of USG healthcare financing as we progress to 2023



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Two streams of USG healthcare financing

DOI/OIA

- Compacts designed for FSM/RMI
- JEMCO/JEMFAC
  - Promote self-sufficiency
    - Health: operations
- 2023: trust fund

Design

Authority

Use

Timeframe

HHS

- System designed to supplement state efforts
  - Piecemeal, supplementary
  - PEPFAR, FAS
- Congress
  - Promote health
    - Public health, primary care, preparedness, etc.
- 2023: ?

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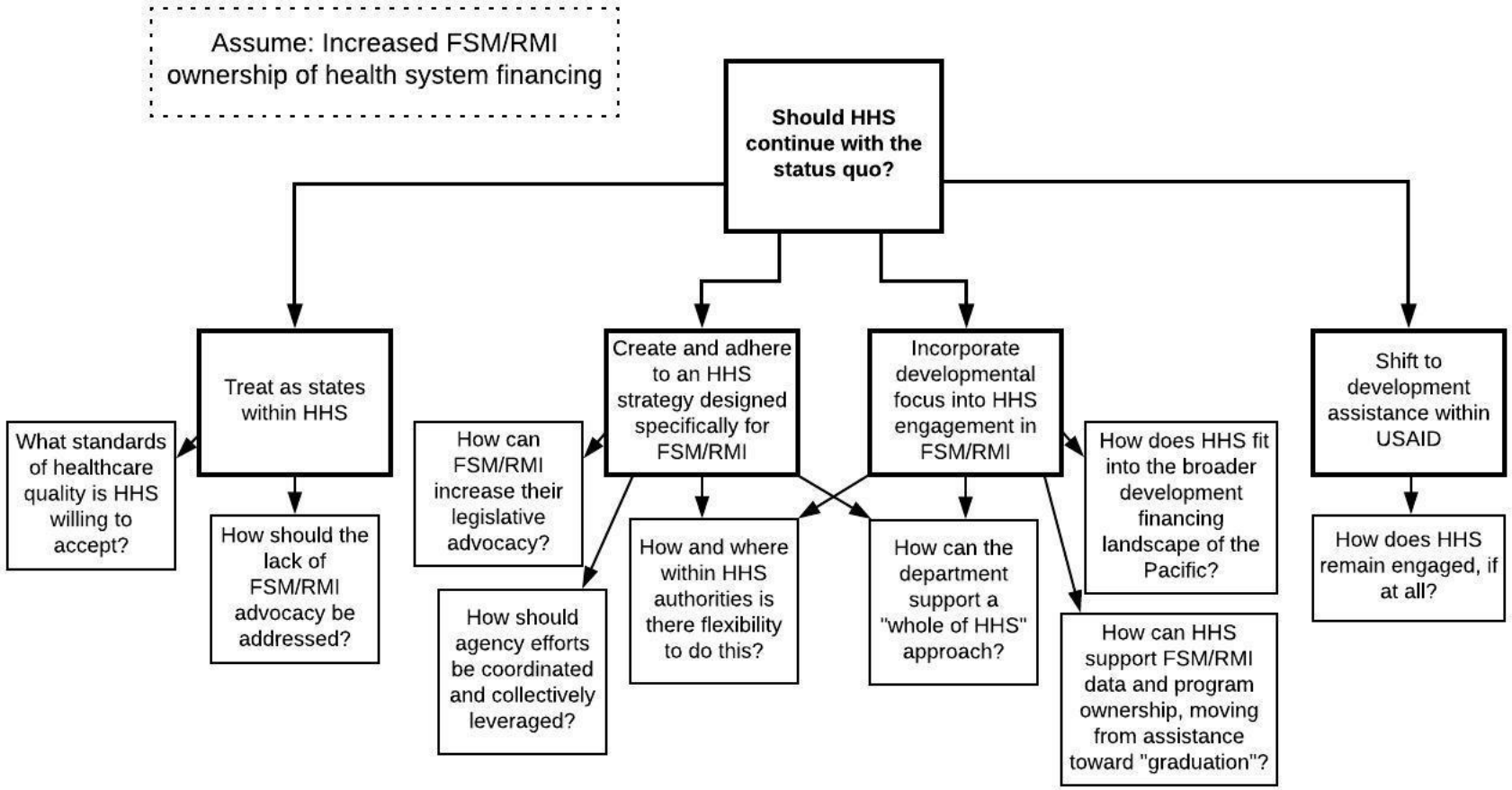
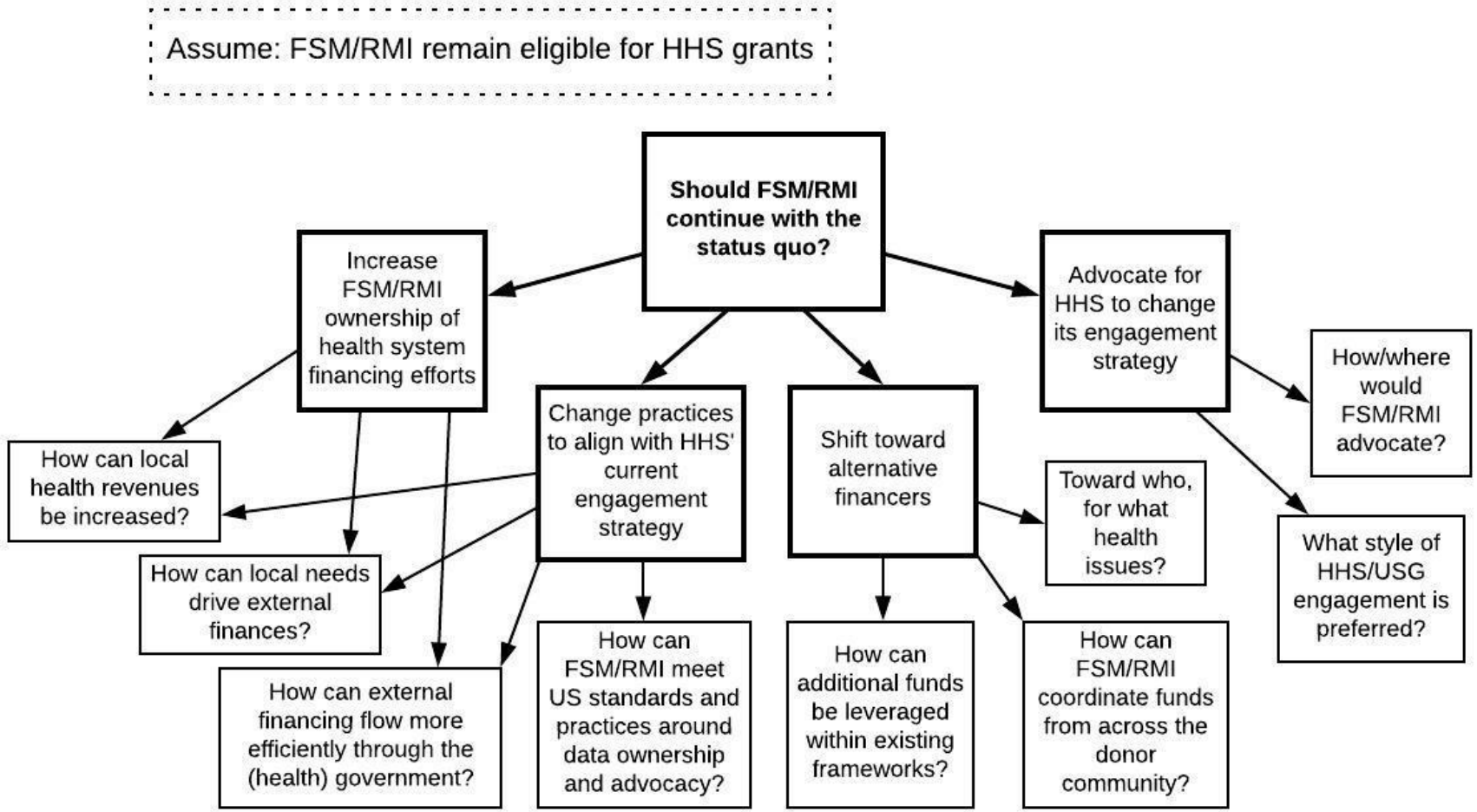
HHS engagement with FSM/RMI



FSM/RMI engagement with HHS



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HHS ⟷ FSM/RMI

1. HHS supports states, seeks functional local healthcare systems

2. FSM/RMI ≠ states

3. How different are FSM/RMI from states?

What type of engagement strategy between the FSM/RMI and HHS would facilitate the most productive relationship, support sustainable health services, and contribute to improved healthcare outcomes?

Summary health statistics: FSM, RMI, US, regional, AI/AN tribes					
Indicator	FSM	RMI	US	Regional*	Tribal
Median age	25.1	22.9 <	38.1	32.9 =	25
Life expectancy	70	72 <	79	71.5 =	73
Maternal Mortality (per 100,000)	100	-	14	81.9	23.2
Infant mortality rate (per 1,000 live births)	27.5	29.1 >	5.6	21.8 >	7.6
Incidence of tuberculosis (per 100,000 population per year)	177	422 >>>	3	181+ >=	5.9
Immunization coverage rate for DTP3 (three doses)	69%	71% <	84.6%	82.6%+ <	79.6
Immunization coverage rate for measles-containing vaccine (first dose)	70%	75% <	92%	84%+ <	92.5
Prevalence of obesity among adults	40.1%	48.4% >	35.5%	44%** =	43.7%
Physicians per 1000 population	0.18	0.46 <	2.57	0.96	-
Nurses and midwives per 1000 population	3.32	3.55 <	9.88	4.73	-
Current health expenditures per capita ($USD)	$458	$863 <	$9,500	$1000 <	$3,851
Domestic government health expenditures (as % of GDP)	3.4	11.8	8.48	5.56	-
Domestic private government health expenditure (as % of general government expenditure)	6.09	21.2	22.6	11.5	-
Domestic private health expenditure (PVT-D) (as % of current health expenditure)	2.73	13.2	49.6	13.7	-
External health expenditure (as a % of current health expenditure)	71.3	33.3 >	0	20.4	-

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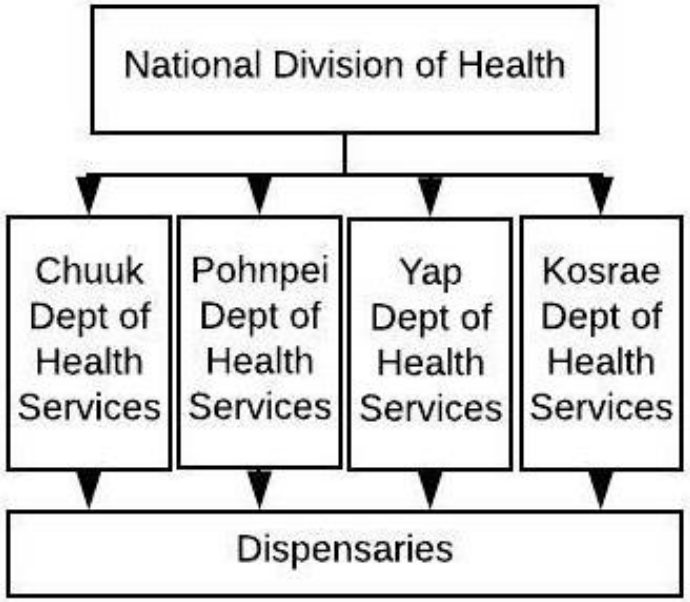
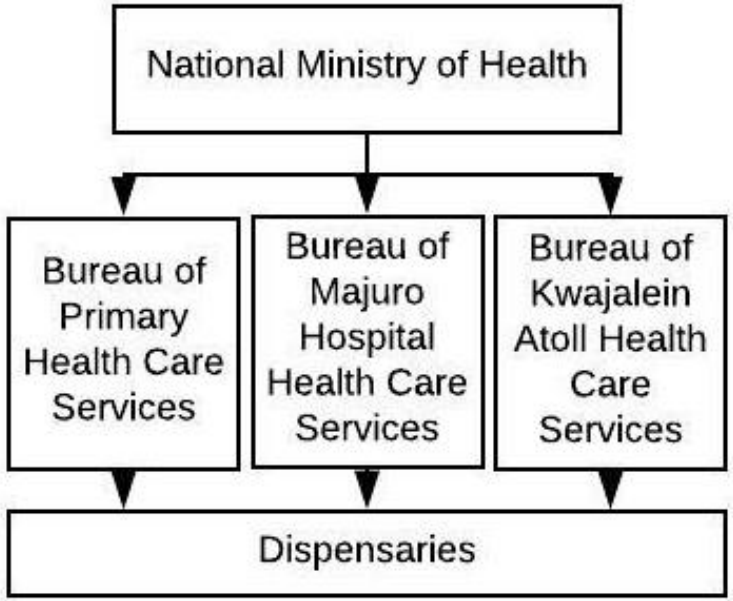
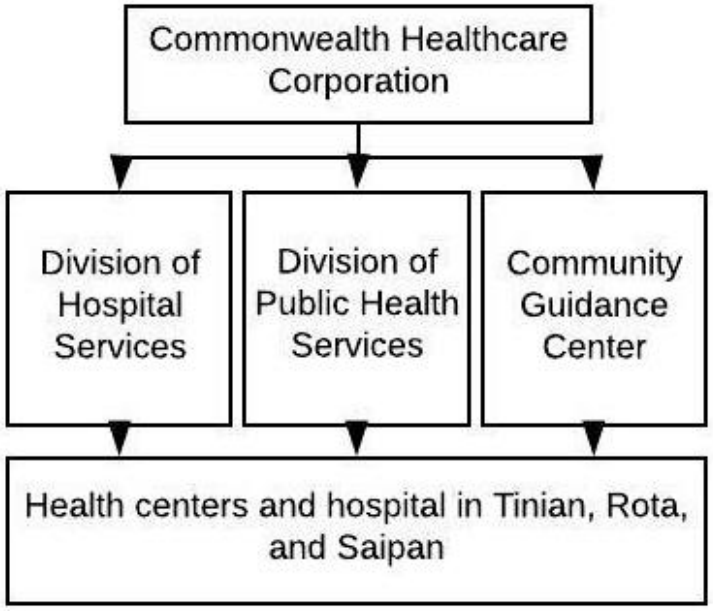
FSM



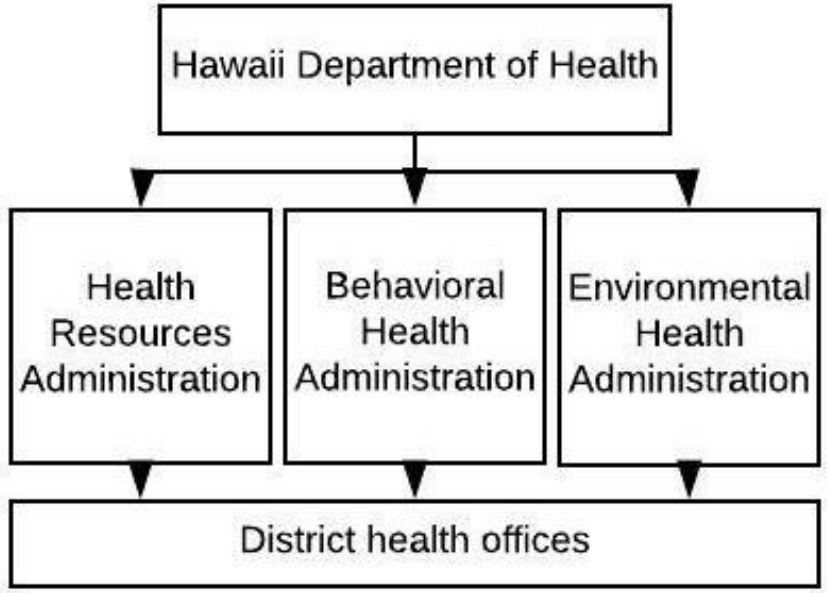
RMI



CNMI



Hawaii



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FSM

Priorities: quality/access diseases administrative tech/data SDoH/environment

1. Improved ***accountability*, sustainability and *quality*** of health service delivery
2. ***Universal access*** to essential healthcare services
3. Improved ***financial sustainability***
4. Improved availability, accessibility, quality, and use of ***health information for evidence-based decision-making*** across the health sector
5. Reduced ***morbidity and mortality***
6. Supportive and sustainable ***social and physical environments*** **to improve health**

2014 Framework for Sustainable Health Development in the Federated States of Micronesia: 2014-2024

RMI

1. High ***quality*** **health care in the outer islands**
2. ***Universal access*** to high quality care for people with communicable diseases
3. ***Integrate NCD services*, *tools, and support*** to help people manage their health
4. Improved ***maternal, infant, child, and adolescent health***
5. Care for adults and children with ***mental illness and/or substance use disorders***
6. Increased ***immunization*** rates
7. Increased **health education**
8. Improved ***coordination and administration*** of preventive and public health care services

RMI Ministry of Health Medium-Term Planning and Budgeting Framework FY2019-2021

CNMI

1. **Fully *accredited*** hospital, public health, behavioral health and community guidance center
2. ***Financially*** **stable** operations with newly added funding streams annually and full and appropriate usage of all U.S. federal and local government funding
3. **Clean *audits* and full compliance** to all contracts/grants
4. **Certified, licensed, trained *workforce*** supported by **competitive and fair *wages***
5. Increase in ***consumer satisfaction*** **and community partnerships**
6. Decrease ***incidence*** **of the top six major causes of death and debilitation** in the CNMI

CHCC Strategic Plan 2015-2020

Hawaii

1. Invest in ***healthy babies and families***
2. Take health into where people ***live, work, learn, and play***
3. Create a **culture of health** throughout Hawaii
4. Address the ***social determinants of health***
5. Use ***evidence-based practices and make data-driven decisions***
6. Improve core **business services and *customer satisfaction***

(+ 7 subpoints for each)

Hawaii Department of Health Strategic Plan 2015-2018

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Operations

FSM

Financing: $33,622,388 ($323 per capita)
(5% local)

Staffing per capita: 1 / 1,000

Connectivity: okay
Stocked supplies: okay
Diagnostics/lab capacity: okay
Policy frameworks: state (okay) > national (unclear)

RMI

Financing: $31,062,129 ($417 per capita)
(15% local)

Staffing: 11 / 1,000

Connectivity: okay
Stocked supplies: okay
Diagnostics/lab capacity: okay
Policy frameworks: okay

CNMI

Financing: $67,843,163 ($1,298 per capita)
(78% local)

Staffing: 1 / 1,000

Connectivity: okay
Stocked supplies: good
Diagnostics/lab capacity: good
Policy frameworks: good

Hawaii

Financing: $802,000,000 ($573 per capita)
(48% local)

Staffing: 2 / 1,000

Connectivity: good
Stocked supplies: good
Diagnostics/lab capacity: good
Policy frameworks: good

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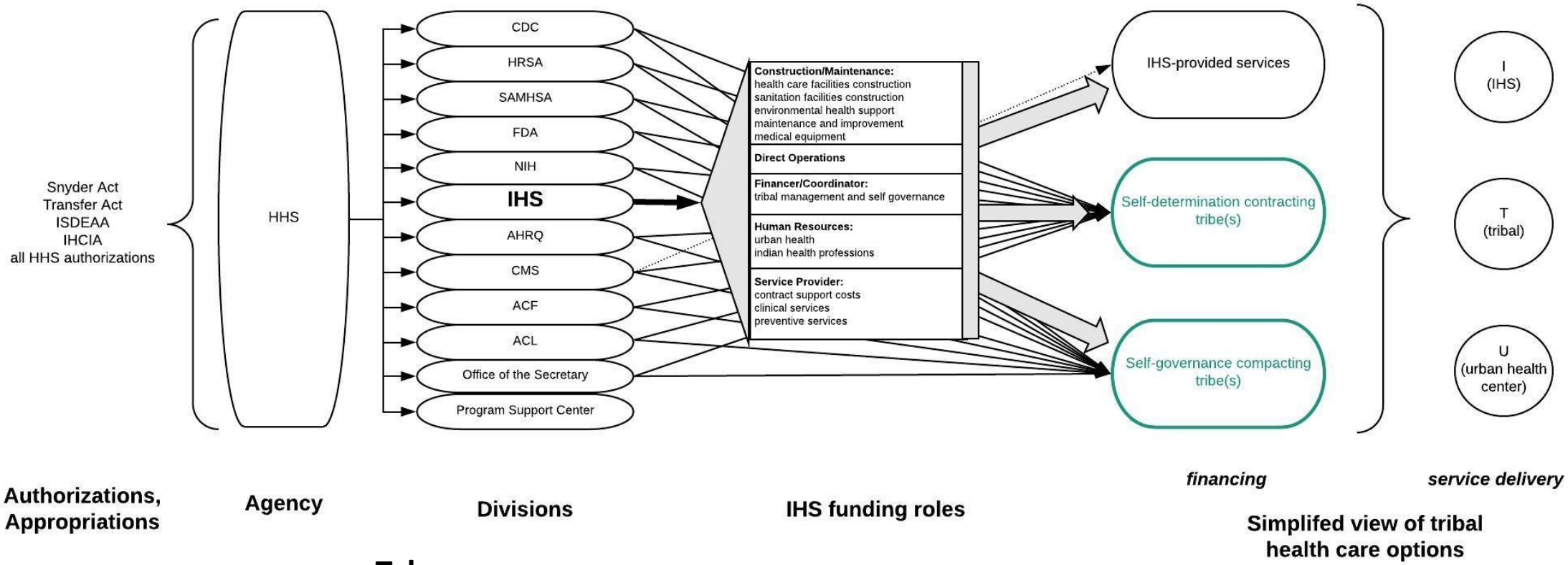
Interviews


Leadership/governance
- staff turnover
- personality driven
- data capacity
- local ownership
Financing
- funding volumes and absorptive capacity (flow of funding)
- misperceptions around HHS grants (Congress)
-- local ownership
Workforce/retention
- educational pipeline
- access to and retention of trained staff
- aging workforce
- Pacific Basin Medical Officers Training Program
Communication/Technology
- Time zones, language barriers
- internet connectivity and email culture
Advocacy
-legislative advocacy
-method/frequency

Alternative Health Support Strategies

Model	Mission	Focus	Focal population
DOI (COFA)	Advance the economic self-sufficiency of FAS populations	Development	FAS
HHS	Enhance and protect the health and well-being of all Americans	Health	US
Indian Health Service	Promote the physical, mental, social, and spiritual health of American Indians and Alaska Natives	Health	American Indian / Alaska Native (AI/AN) populations
USAID	Foster sustainable development	Development	Developing world
PEPFAR	Achieve an AIDS-free generation	Health	Target countries
FSM and RMI: where does the "special relationship" leave them?			

USG support for AI/AN populations



Takeaways:

- Advocacy and high level legal action
- Concepts, but not direct translation

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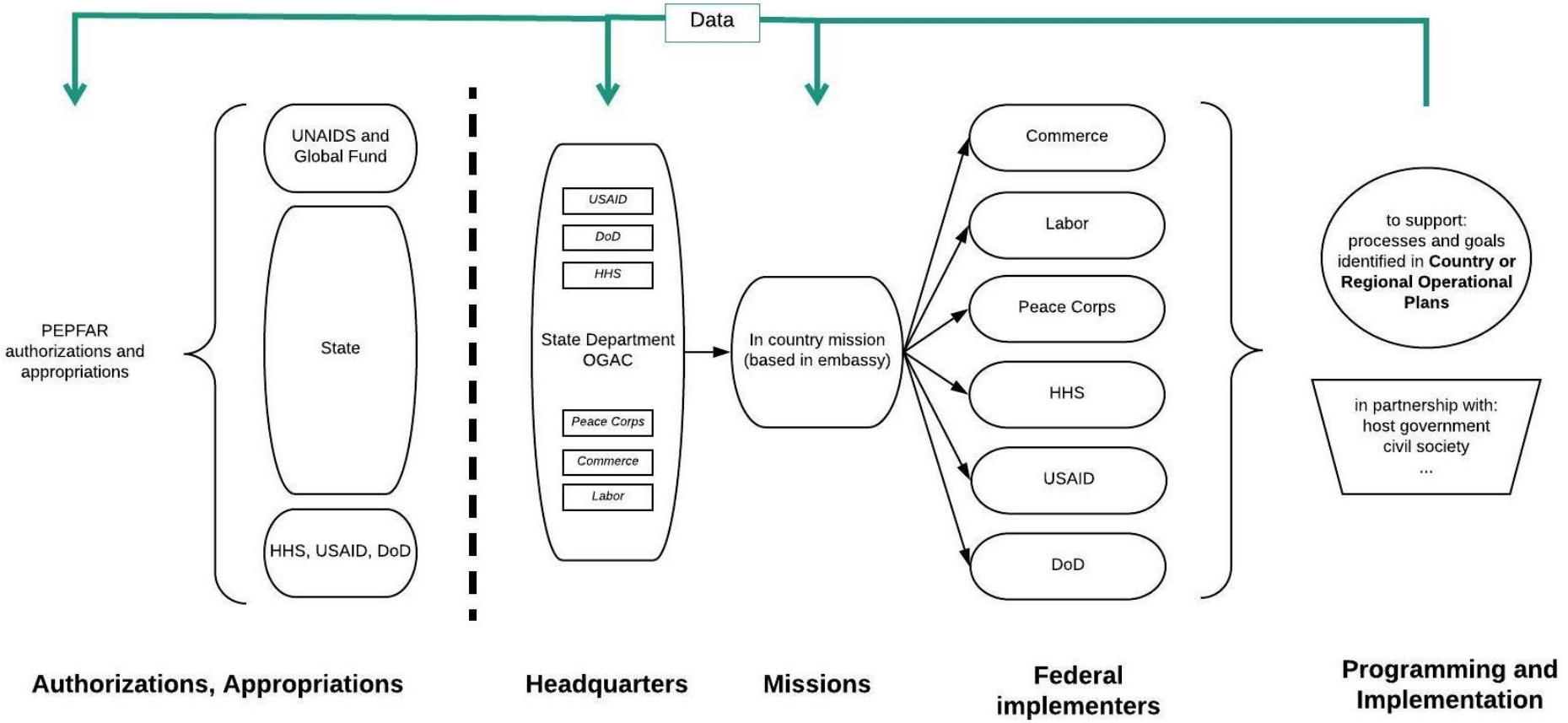
Foreign Appropriations (PEPFAR)



Takeaways:

- Sustainability
- Emphasis on data
- Bipartisan support

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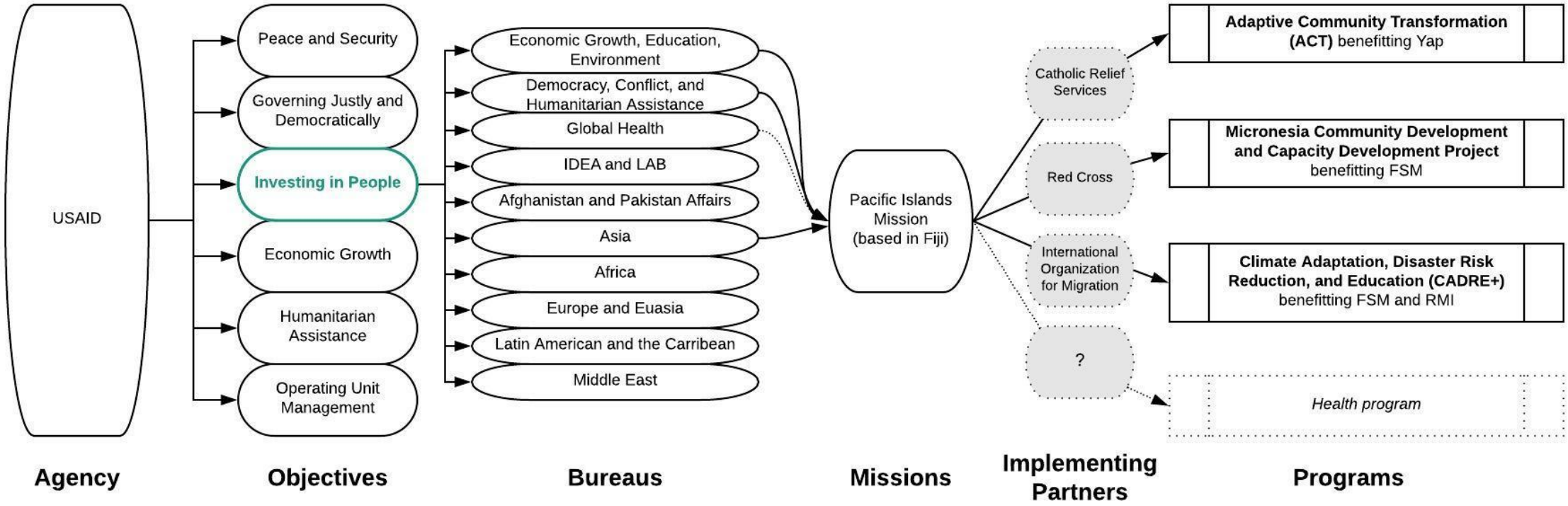
Foreign Appropriations (USAID)



Takeaways:

- Developmental approach
  - HHS assumption: operate like states
- Per capita funding

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Non-federal: NGOs, multilats, PPP, other nations

- NGOs: resources for advocacy, coordination, TA, education
  - Many based outside of FSM/RMI
- Multilats: resources for networks and financing
  - WPRO, WB
- Public-private partnerships: resources for innovation and technology
  - Diagnostic Lab Services
- Other nations:
  - China/Taiwan
  - Australia
  - Territories, Palau

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Policy Implications

- Overview
- HHS - USAID
- Local ownership
- Departmental coordination, strategy

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Policy Implications

HHS

1. Preserve FSM/RMI eligibility
2. Coordinate "whole of HHS"
    1. Institutionalize relations, solutions
    2. Interagency
3. Promote local ownership (finances, data)
4. Promote development
5. Consider: partnership with USAID, IHS

FSM/RMI

1. Increase local ownership and financing
2. Strategically maximize external financing
3. Improve data capacity
4. Increase legislative advocacy
5. Seek out partnerships
6. Improve flow of funding; increase absorptive capacity

Non-governmental

1. Alternative financers
2. Resource for:
    1. Efforts to increase local financing, local ownership
    2. Technical assistance
    3. Legislative advocacy
    4. Workforce capacity
    5. Access into vulnerable populations
    6. Education

2023 planning

Future considerations: climate change + other health issues… outmigration

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HHS and USAID approaches in FSM/RMI

Why HHS?

(?) More per capita financing

(?) More secure financing

Established relationships

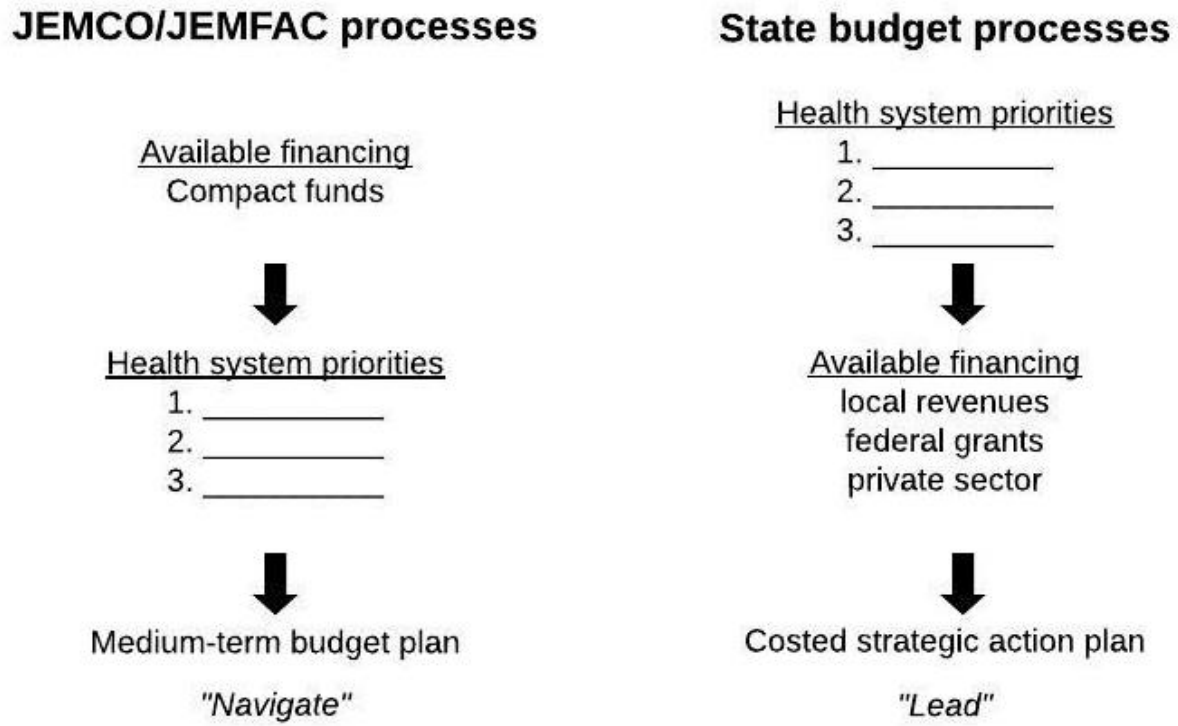
BUT need to incorporate developmental perspective

Strengths and weaknesses of HHS and USAID approaches in FSM/RMI	
Benefits of HHS	**Benefits of USAID**
Technical expertise	Development expertise
Established relationships	Broader funding authorities to operate internationally
Overlap of health burdens, rural-related issues	Multisectoral approach
Disadvantages of HHS	**Disadvantages of USAID**
Disease-focused financing structure	Health funding for FSM, RMI might lose out to other development priorities
No developmental mission; built to support developed state health systems	Health funding for FSM, RMI might lose out to larger countries (even within Pacific)

Joint HHS-USAID approach?

Local ownership and financing

- How can FSM/RMI locally own external financing?
- Local finances
- Costed strategic action plans
  - PEPFAR COPs + State processes
- Comprehensive health systems approach
- Benefits relationships with other external financers



Post-2023 strategy planning

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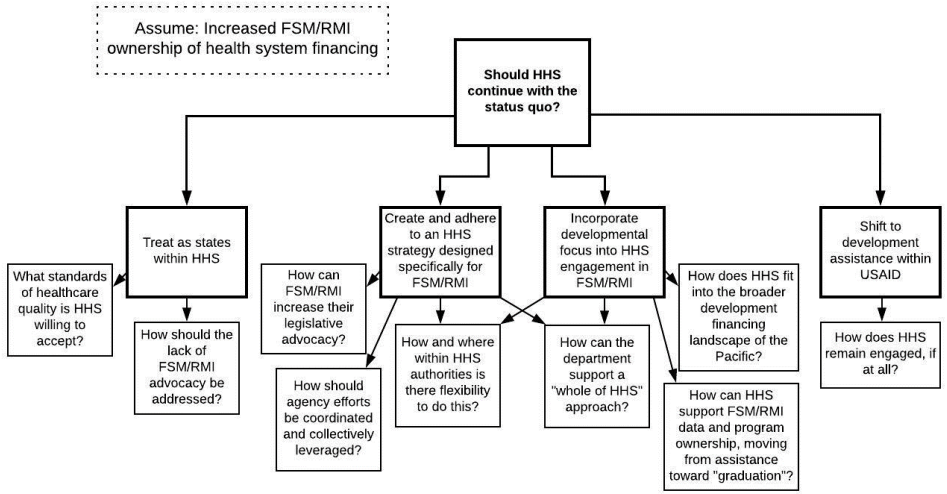
Departmental coordination

Address eligibility, then:

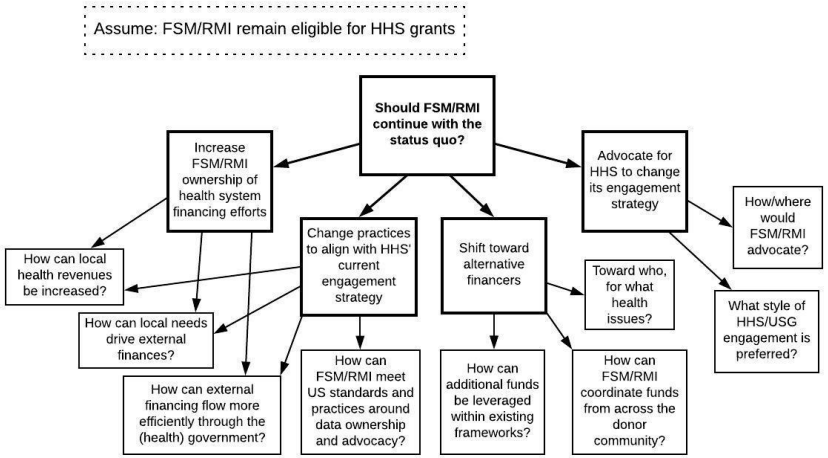
- Coordinate “whole of HHS”
  - Guidance
  - Institutionalize relations and solutions
  - Interagency
- Do more to promote:
  - Development
  - Local ownership (finances, data)

Support FSM/RMI post-2023 strategy planning (TA)

It’s just the beginning!



+
NGOs
multilats
PPPs
other nations



2023
improved engagement

Thank you

- Those who shared their perspective for this project: interviews, surveys, data/resource sharing, email, etc.
- Erika Elvander and the Asia Pacific team at OGA
- SINSI
- Subroto Banerji

Questions?

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