COMMONWEALTH
OF THE BAHAMAS

NATIONAL HEALTH SYSTEM
STRATEGIC PLAN
2010-2020

CONSULTATION DRAFT

DECEMBER 1, 2010
Version 15

Ministry of Health
Department of Public Health |Public Hospitals Authority

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ABOUT THIS DOCUMENT

This is a consultation document. It represents current thinking on a National Health System Strategic Plan for The Bahamas. *This document provides an opportunity to receive input for the completion of the plan and to sensitize the planners to priorities identified by contributors.* It is a way to share information and to gather feedback and input from a wide variety of individuals and groups with an interest in improving the health system.

This document will also be made available online and directly to individuals and groups who want to give their feedback on the priorities and strategies for improving the national health system. Information on how to provide feedback is presented below.

Feedback gathered through consultation sessions and written responses to this document will be used to as appropriate to complete the plan.

This document consists of four main sections. The first section describes how the draft National Health System Strategic Plan was developed, and how it will be used to guide plans for all organizations with responsibility for health-related policy and planning, or for regulating, supporting or delivering health care and services.

The second section provides an overview of the current state of health and the health system in The Bahamas, highlighting both the many achievements to-date, as well as the challenges that still must be addressed.

The third section presents seven *goals* that describe what we plan to achieve over the next 10 years. For each goal, there are several *objectives* (how we will achieve the goals) and *initiatives* or "what we will do" - specific actions that must be done in order meet the objectives and achieve the goals.

The final section will explain the proposed approach for measuring whether or not we have been successful at completing the initiatives and meeting objectives to achieve our goals. Draft indicators for measuring success are found in the Appendix.

What do you think?

This document is an opportunity for you to provide feedback. As you read through the draft plan, you will see specific questions at the end of many sections. There is also an opportunity for general comment.

Space has been provided for you to respond directly within this document, either electronically or in writing. You can also provide your thoughts separately by fax, mail or by email. You can send your comments in several ways:

- ➔ Email: maryelwalker@bahamas.gov.bs Janeenerahming@bahamas.gov.bs
- ➔ Mail: Planning Unit, Ministry of Health, P.O. Box N-3729/3730, Nassau, N. P. Bahamas
- ➔ Phone: 242-328-0040/41   Fax: 242-328-0079
- ➔ By hand to the facilitator if you attend a consultation session

If you have questions, please contact maryelwalker@bahamas.gov.bs 242-328-0040/41

BUILDING THE NATIONAL HEALTH SYSTEM STRATEGIC PLAN

Why a new National Health System Strategic Plan?

The Government of The Bahamas is committed to protecting and improving the health of its people. As our society changes, so do our health care needs. The health system must also change if we want to meet these needs. Such change requires the guidance of a clear vision with common priorities and strategic directions.

A new National Health System Strategic Plan (NHSSP) will provide direction for the management and development of all aspects of the health system over the next 10 years. While several major initiatives are already underway, and many are set to begin, the NHSSP will ensure that all national health partners are working together effectively toward achieving the same priorities and goals.

Development of the NHSSP

The components of the draft NHSSP presented in this document were developed under the direction of the Ministry of Health, in collaboration with the Department of Public Health and the Public Hospitals Authority. The Pan American Health Organization (PAHO) and the InterAmerican Development Bank (IDB), and other technical partners have provided resources for the development and preparation of counterparts for the implementation of the NHSSP.

This process began in November 2009 with consultations with over 200 individuals representing several government and non-government organizations involved in policy, planning, support and delivery of health care and services. Participants included individuals at all levels across the health system, such as health care providers, allied health professionals, social workers, health administrators, policy analysts, planners, surveillance and environmental health officers, and support staff, among many others.

Participants were asked to identify how the health system could be improved: What are the best ways to deliver care in The Bahamas? What needs to change and what can be improved? What we are doing well that we can build on? What makes it hard to deliver quality care? In short, how we can do better when faced with increasing demand and limited finances?

Following those initial consultations the NHSSP Secretariat, under the guidance of the NHSSP Steering Committee chaired by the Minister of Health, developed this draft plan. Members of the Secretariat and the Steering Committee represent the Ministry of Health, the Department of Public Health and the Public Hospitals Authority, as well as other government ministries.

Many national and health-sector-based reports, studies, documents, statistical information, and other reference materials were reviewed and used by the secretariat and work groups during discussions and the plan development, including the previous national health system strategic plan, a report produced in 2009, on the general Review and Environmental Scan of the Bahamas Health Sector, as well as a draft of the Chief Medical Officer's Annual Report (2005-2008). The latter provided important analysis of health conditions in the country.

Finally, it must be emphasized that a critical part of the process of this plan's evolution involves the participation of Non-Government Organizations (NGOs), the private sector and the general public. Such opportunities exist with the use of this consultation document. A National Health Strategic Plan is a dynamic document, and in this regard consultations will continue throughout the life of the plan to effective relevance and adjustments which may be necessary because socio-economic, technological, and policy scenarios.

A systems thinking approach

An effective health system that delivers improved health outcomes is not solely the responsibility of the Ministry of Health or even the government. According to the World Health Organization (WHO), a health system consists of "*all organizations, people and actions whose primary intent is to promote, restore or maintain health*."[i]

The process and approach for developing the draft NHSSP recognizes the role that individuals and organizations in the public, private and community sectors have in promoting, restoring and maintaining health. This multi-sectorial theme is found throughout the plan and reflects a "systems thinking" approach adopted by the Secretariat in the plan's development.

WHO notes that *systems thinking* is an approach to problem-solving that views "problems" as part of a wider dynamic system. The WHO Framework for Action for health systems strengthening identifies six building blocks of a health system[ii]:
- Service delivery
- Health workforce
- Health information
- Medical technologies
- Financing
- Leadership and governance

A systems thinking approach puts the focus on the relationships and interactions between these building blocks, recognizing that interventions in one area will have impacts (positive or negative) on another. For instance, fixing problems in service delivery may require interventions that address the health workforce, which in turn may require interventions on financing and leadership/governance, and so on.

The benefit of a systems thinking approach is the recognition of these complex interactions among sub-systems, which provides a basis for designing solutions that more precisely reflect real world dynamics, thereby increasing their effectiveness at overcoming barriers and issues.

In developing the draft NHSSP, the Secretariat applied a systems thinking approach to problems and opportunities raised in stakeholder consultations and the situation analysis. The resulting seven goals closely follow the model of health system building blocks identified by WHO,

with slight variations reflecting the unique priorities and context of The Bahamas.

Once finalized, the NHSSP will provide a common national planning framework for the strategic, regulatory and operational plans of the Ministry of Health, the Department of Public Health, the Public Hospitals Authority and its institutions and agencies, as well as other ministries, the private sector and the community sector.

Implementing and monitoring the plan

Managing and monitoring the implementation of the NHSSP is the responsibility of the Ministry of Health. With support from the IDB, PAHO and other technical partners, the ministry will strengthen its capacity to oversee and coordinate the plan. A multi-sectoral governance committee with partners from health and other sectors will monitor and report progress and achievement.

The NHSSP has a 10-year planning horizon (2010-2020) with specific initiatives (actions) defined for the first 5 years. It is anticipated that a mid-point review will be required to make adjustments based on a realistic assessment of achievements and an evolving context. ***Specific timelines and responsibilities have not been identified in this draft plan***. Once the goals, objectives and initiatives have been approved in the final draft of the NHSSP, an implementation plan outlining specific timelines and organizational responsibilities will be developed.

Costing the plan

The priorities identified in the draft NHSSP do not address all of the needs faced by the health system today. These priorities, drawn from stakeholder consultations, the situation analysis, and a review of best practices from other countries, have been assembled by the Secretariat as key "levers" that will improve performance where it is required the most. However, even this focused set of priorities and interventions will be greatly challenged by the availability of financial resources.

The Bahamas, like the rest of the Caribbean, continues to face significant challenges in the aftermath of the global economic crisis. The economic forecast remains uncertain, and even under the most optimistic scenarios, the financial resources required to implement the initiatives identified in the plan will require bold new approaches.

The plan anticipates the need to develop new approaches for cutting costs and increasing revenues to fund improvements to the health system. However, once a final version of the plan has been prepared based on feedback on this draft, an intensive effort to cost the plan will be required, along with an evaluation of potential new funding mechanisms for the health system.

This exercise will also result in the formulation of short, medium and long-term priorities that could be implemented through system strengthening initiatives with available resources or complementary activities with other partners until a sustainable financing mechanism for the health sector is realized.

MEETING CHALLENGES AND BUILDING ON SUCCESS

The health needs of The Bahamas are changing

As the make-up of The Bahamas population changes, so does our health needs. The health system must anticipate these emergent needs while maintaining and strengthening existing policies, programmes and services.

Currently about 9% of our population is 60 years of age or older. However, this portion of the population is expected to increase to 18% by 2030, and the portion of the population 65 years and is expected to double from 6% today to 12% in the same timeframe.

People over the age of 60 tend to have more complex health needs compared to the rest of the population, and make greater use of the health system. Thus, it will be critical to help individuals stay healthy as they age, both to increase quality of life and to reduce the burden on the health system. We must also plan for increasing our capacity to provide care and specialized services for the aging.

And while an aging population presents significant challenges, we must also strengthen interventions targeted at youth who face their own set of unique health risks. Currently, about 25% of the population is 14 years old or younger, and 42% of the population is under the age of 25. While the overall portion of people under the age of 25 is projected to drop to 22%, the actual population of this group

> **Key Facts**
> **Population Profile**
>
> **Population**: Approximately 347,000 people currently live in The Bahamas (Medium Term Projections 2000-2030, Department of Statistics). About 94% of the population lives on five of the islands. About 70% of the population lives in Nassau (Population Census 2000, Department of Statistics).
>
> **Population Growth**: The population is projected to grow to approximately 426,000 by 2030. (Medium Term Projections 2000-2030, Department of Statistics).
>
> **Aging Population:** Today, about 9% of the population is 60 years old or older. This portion of the population is expected to grow to 16% by 2025 and to about 18% by 2030. About 6% of the population is 65 years of age or older today. This portion of the population is projected to double to 12% by 2030 (Medium Term Projections 2000-2030, Department of Statistics).
>
> **Youth:** Currently, about 25% of the population is 14 years old or younger, and 42% of the population is under the age of 25. While, the portion of youth is expected to decline as the population ages overall, by the year 2030, the actual population of this age group will increase from about 146,000 now to 153,000. (Medium Term Projections 2000-2030, Department of Statistics).

will increase from about 146,000 today to 153,000 by 2030.

In 2001, 14% of children 2-10 years, and 9% of adolescents (11-20 years) were overweight (Bahamas Living Conditions

Survey) predisposing them to health risks such as diabetes and hypertension as they grow into adulthood.

Reported cases of child abuse in youth under the age of 18 increased from 545 in 2007 to 719 in 2008 (24% increase). In both years, child neglect and physical abuse were the most commonly reported types of abuse and together accounted for 55% of cases in 2007 and 62% in 2008. Sexual abuse and incest together accounted 23% of reported cases in 2007 and 22% of cases in 2008 (Department of Social Services).
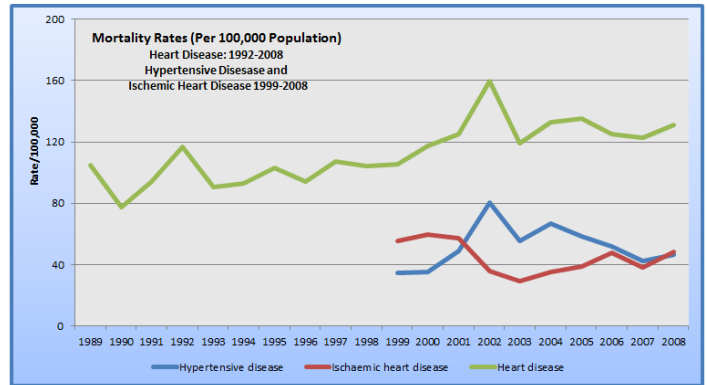
Young people are also at risk from violent crime and other injuries as reflected in morbidity and mortality trends. Injuries and poisonings were the leading cause of hospitalization for males 15 to 24 years (Public Hospitals Authority), while homicide and traffic accidents accounted for just over half of all deaths in this age group, males most at risk(Department of Statistics).

The continued trend of internal migration to urban centers, immigration and an expanding tourism industry will all contribute to increased demand on the health system in these areas. Meeting this demand will require additional human resources and health care facilities, along with targeted interventions, programmes and services to meet the needs of people in more densely populated areas.

At the same time however, we must continue to improve access to high quality care and services on the Family Islands, finding innovative new ways to bring services closer to people where feasible and to use technology to bridge geographic barriers to care.

Investing in wellness

While changing population and demographic patterns put increasing pressure on the health system, unhealthy lifestyles contribute an additional burden.

Source: Health Information and Research Unit, MOH

The onset and progression of chronic non-communicable diseases, including hypertension, diabetes, coronary heart disease, stroke, chronic respiratory diseases and some cancers, are highly affected by lifestyles choices such as eating, lack of exercise, stress, smoking and alcohol consumption.

More than 70% of the population is overweight, and about 50% report eating less than one serving a day of fruits and vegetables. About 38% of the population engages in little or no physical activity. An estimated 37% of the population has hypertension, and 10% has type 2 diabetes. (CNCD Survey, MOH, 2005).

Chronic non-communicable diseases account for nearly 45% of all deaths in The Bahamas (Health in The Americas, 2007, PAHO), and represent five of the ten leading causes of death among individuals aged 45 years and older (Department of Statistics).

Nearly half of all public hospital beds are occupied with people suffering from

chronic non-communicable diseases. The estimated cost for one day stay at a public hospital is $308 on a medical ward, and $1800 on the intensive care unit (Department of Family Medicine, PMH). It costs approximately $45,000 a year for a patient on dialysis (MOH/Bahamas Information Services, 2006).

Reducing the prevalence of chronic non-communicable diseases not only improves the health outcomes, but will also reduce the burden on health system, in particular, reduce the utilization of high-cost acute care services.

While there has been considerable success in improving promotion and prevention interventions, investment in the health system is largely tilted toward treating those who are ill. About 65% of the total public healthcare expenditures are directed toward hospital-based services, and about 25% goes toward environmental community health services, inclusive of preventative and curative care. (The Bahamas National Budget 2010-2011).

Good health is not simply a factor of the health system. It is fundamentally linked to the conditions in which people live and work. These social and economic conditions, often referred to as "social determinants of health," can be influenced in a number of ways, including policies, programmes, services, attitudes and behaviors under the control of other government ministries, the private sector and communities themselves.

Following the lead of WHO and many countries, this plan advocates for a multi-sectoral "health in all policies" approach, recognizing the role other organizations play in creating the conditions that engender good health. Like many

countries, The Bahamas has committed to addressing the Millennium Development Goals (MDGs) set by the United Nations by 2015, as well as number of global and regional health commitments. Improving inter-sectoral cooperation and collaboration in addressing health will also strengthen our capacity to meet these international commitments.

Inter-sectoral cooperation and collaboration will also strengthen our capacity to protect population from health risks arising from communicable disease, climate change, and to respond effectively to natural and man-made disasters.

Strengthening primary care must be a key strategy toward reducing the prevalence of chronic non-communicable diseases by focusing on keeping people healthy, and preventing the progression of disease. Experience from other countries shows that increased use of high quality primary care services that provide preventative care, co-ordination of care for the ill, and continuity of care, improves overall health outcomes and reduce costs to the health system.[iii]

However, while we invest in a future where fewer people suffer from preventable illnesses, we must also continue to maintain investments for curative and acute services. Balancing these investment priorities is both extremely challenging and critically important to achieving the vision for a healthy Bahamas.

Strengthening the health workforce and health infrastructure
The Bahamas faces shortages in many categories of health care providers, including nurses and allied health professionals in particular. The public

sector in The Bahamas has approximately 27 registered nurses per 10,000 population, which compares favorably with the Caribbean median of 17 nurses per 10,000 population, but well below the median of 105 nurse per 10,000 population in developed countries (Bahamas Health Sector Review – Final Report, Kurt Salmon Associates, 2009).

Ratios per capita for allied health professionals (such physiotherapists, speech and other rehabilitation therapists, pharmacists, and laboratory technologists) are not sufficient to meet demand.

The lack of nurses and allied health professionals contributes to bottlenecks in the system which become a barrier to the timely access to care and services. As well, the need for a sufficient skilled workforce of nurses and allied health professions is heightened with an increased focus on primary care, health promotion and prevention.

There is a global shortage of skill health care providers and allied health professionals and The Bahamas will need to implement strategies that both help retain the existing health workforce, as well as grow the workface to meet the increasing demand for health services.

While The Bahamas fares relatively well in terms of physicians in comparison to regional benchmarks, there continues to be a shortage of some specialties such as radiologists, and public health. Further, strengthening primary care services will require physicians with additional training and experience in primary care/ family medicine.

Improving and sustaining an effective and efficient health system will require

Category	Number	Rate per 10,000 Population
Physicians (Public & Private)[1]	947	28.0
Dentists (Public & Private)[2]	79	2.3
Registered Nurses (Public only)[3]	905	26.8
Trained Clinical Nurses (Public only)[3]	486	14.4
Acupuncturists	3	0.1
Audiologists	1	0.0
Chiropractors	9	0.3
Clinical Psychologists	10	0.3
Cytotechnologists	2	0.1
Dental Hygienists	30	0.9
Dental Technicians	5	0.1
Dental Nurse	1	0.0
Dietary Technicians	1	0.0
Dietitians	8	0.2
Nutritionists[4]	3	0.1
Emergency Services Technicians	18	0.5
Histotechnicians	2	0.1
Medical Laboratory Technicians	12	0.4
Medical Laboratory Technologists	102	3.0
Nuclear Medicine Technologists	1	0.0
Occupational Therapists	9	0.3
Occupational Therapy Assistants	4	0.1
Optometrists	12	0.4
Pharmacists	138	4.1
Pharmacy Technicians	22	0.7
Physiotherapists	41	1.2
Physiotherapy Assistants	4	0.1
Podiatrists	5	0.1
Psychotherapists	1	0.0
Radiographers[5]	56	1.7
Ultra Sound Technologists	3	0.1
X-ray Technicians	1	0.0
Respiratory Therapists	1	0.0
Speech Language Pathologists	5	0.1

N.B. Totals for allied health professionals only reflect those who are registered *and* licenced to practice in 2008.
[1]*Figure reflects public and private doctors who ever registered with the Medical Council and may include those who are not currently active.*

[2]*Figure reflects public and private dentists.*

[3]*Registered nurses and trained clinical nurses are for the public sector only.*
[4]*Includes one who is also registered as a dietitian.*

[5]*Include one who is also registered as an ultra sound technologist.*

Sources:Health Professions Council, Bahamas Medical Council, Bahamas Dental Council, Princess Margaret Hospital, Grand Bahama Health Services, Public Hospitals Authority and Department of Public Health

Prepared by: Health Information and Research Unit

innovative individuals that can effectively lead change and transformation across the system. We also need to invest in developing capacity of our managers to ensure efficiency and accountability.

Effective clinical, management and policy decision-making requires quality, comprehensive and meaningful information, and the skills and knowledge to interpret and use this information. There have been considerable strides over the last several years in implementing various health information systems to support all levels of decision-making. However, there a need to improve the way information is extracted, analyzed, packaged, made available and used to better inform decisions across the health system.

Information technology will also play a key role in improving the quality and continuity of care. A comprehensive ehealth strategy is required to ensure information technology investments are coordinated, integrated and deliver real value.

Healthcare facilities in The Bahamas are aging and because of the several efforts to upgrade components incrementally over the past 30 years, the functional flow for programs often do not meeting current accredited standards. The government has already begun several initiatives to improve health care facilities throughout The Bahamas. However, it will be critical that these new facilities are designed and located to meet the changing health needs of the population.

People-centered care and services

While our vision and principles put people at the center of care and services, our

organizational structures, work processes, facilities and technology limitations often work against this priority.

People-centered care and services not only improve the patient and family experience of health care, but also improve outcomes. People who have a positive experience with the health care system are more likely to return for routine check-ups, increasing the opportunities to provide information and services that keep people healthy. Further, a truly people-centered approach ensures continuity of care across health care organizations, facilities and services, contributing to improved outcomes and reduced duplication of costly services.

Re-designing care and services that are truly focused around the individual's needs will require innovative thinking to overcome organizational, cultural and communication barriers. These new "models of care" must begin by building on the best practices and successes already found in the system, and by introducing new ideas and best practices from around the world.

The plan will address the establishment of models of care which ensure that access to services are patient-centred, integrated and managed to prescribed standards of quality and continuity.

Funding the system

Investment in health care in The Bahamas is significant. In 2006, total expenditure in health was 7.4% of GDP, with the government contributing about half that amount and the remainder coming from private insurance or out-of-pocket payments. In 2010/2011 the government invested $258 million for health care,

including environmental health. (The Bahamas National Budget).

The strategies for improving the health system, improving health outcomes and preparing for the future health needs of the population outlined in the draft NHSSP will require significant additional investment. However, the global financial crisis continues to put pressure on public expenditure. The capacity of the government to implement the strategies proposed in this plan and maintain existing achievements will depend largely on identifying new health financing mechanisms, and phasing priorities over the short, medium and long-term as needs and resources permit.

The 2001 Bahamas Living Conditions Survey found that nearly one-half of Bahamians do not have any health insurance and must rely on the public sector for care. Those with a higher income are more likely to have comprehensive health insurance packages while lower-income persons, who purchased lower-priced premiums, face higher deductibles. During the fiscal periods of 2009 to 2010, public health institutions have experienced a significant increase in the demand for services. This may be the result of lost insurance coverage due to loss of employment, or ineligibility because of exclusion or rejection clauses.

The key challenge, faced not only by The Bahamas but also globally, is how to ensure that financial barriers do not prevent people from accessing the care and services they need, and to ensure they do not suffer financial hardship in order to access these services.
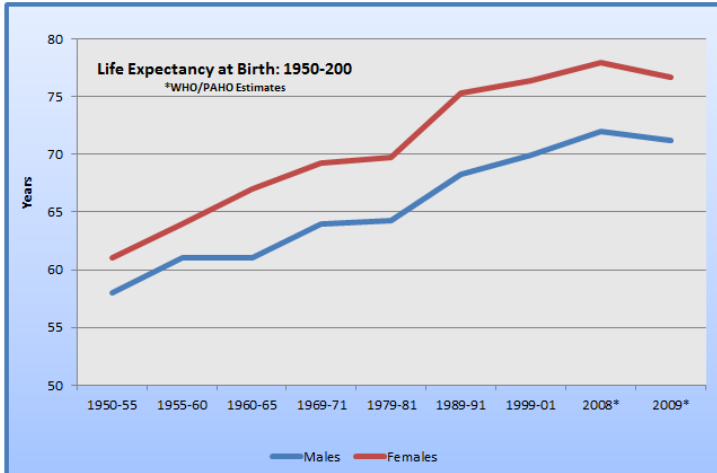
This draft NHSSP includes initiatives to identify and assess a range of strategies for raising sufficient and sustainable revenues, including public insurance mechanisms, in order to provide individuals with a basic package of essential services that improve health outcomes, and to protect them against catastrophic medical care costs.

The government has already begun to implement strategies that contribute to improved health outcomes while reducing the financial burden on individuals through the introduction the of *National Prescription Drug Plan,* which in its first phase of rollout, covers 165 drugs used in the treatment of 11 chronic non-communicable diseases and psychiatric conditions for National Insurance pensioners, invalids, children under 18 years of age, and full-time students under the age of 25.

Building on success

While the challenges outlined above may appear daunting, it is important to remember the many successes and achievements. The challenges faced by the health system in the past must have also seemed daunting to those tasked with overcoming them.

In 1950, the average life expectancy in The Bahamas was 61 years for women and 58 years for men. By 1980, life expectancy had improved to 70 years for women and 64 for men. Today, life expectancy is 76 years for women and 70 for men (Department of Statistics).

Life Expectancy at Birth: 1950-200
*WHO/PAHO Estimates

Source: Health Information and Research Unit, MOH

Improvements in infant and child mortality are a direct result of maternal and child health programmes and immunization programmes. Today, 98% of children entering pre-school are immunized against measles, mumps, rubella, diphtheria, pertussis, tetanus, hepatitis B, and H. influenzae type b.

Successes in the reduction of HIV transmission and AIDS mortality also demonstrate the tremendous positive impact of evidence-based interventions such as antenatal screening, prevention strategies and ARV treatment.

In 1995, of the 79 women who tested positive for HIV during antenatal screening, only 15 (or 19%) were on treatment. By 2008, of the 89 women who tested positive during antenatal screening, 80 (or 90%) were on treatment. Further, for those antenatal women in treatment, the transmission rate of HIV from mother to child has been reduced to zero percent (Health Information and Research Unit, MOH).

Prevention and treatment interventions have been accompanied by a reduction in both in the incidence of HIV and in AIDS

mortality.   The number of new persons testing positive for HIV declined from a peak of 267 per 100,000 population 1994 to about 92 new cases per 100,000 in 2008. Over roughly the sample period, there was also a reduction in AIDS mortality, with a peak of 100 deaths per 100,000 population in 1996 to approximately 35 deaths per 100,000 population in 2008 (Health Information and Research Unit, MOH).

These examples of prior successes illustrate how we can improve health outcomes for our population, and provide a poignant reminder that the challenges we face today can also be overcome through strategic investments in the appropriate evidence-based interventions.

A vision for health

This draft National Health System Strategic Plan provides a vision and approach for addressing the most pressing health challenges facing The Bahamas today, and provides a roadmap for planning for the future health needs of the population.

The chart on the next page provides an overview of the vision, values and strategic goals of the draft NHSSP for 2010 to 2020. The sections that follow provide further information on each strategic goal, including specific objectives and strategies for action.

Clearly, there are still important decisions to be made about priorities and investments in these strategies. Your feedback and ideas will be critical in shaping this consultation draft into a final plan.

National Health System Strategic Plan

Vision

Empowered individuals and communities for optimal health, longevity and quality of life

Fundamental Values

- Respect for human rights and individual dignity
- Accessible, available, affordable healthcare
- Equity
- Efficiency
- Quality
- Accountability
- Effective partnerships
- Evidenced based decision making
- Best practices and knowledge dissemination
- Respect for the contribution of healthcare providers

Strategic Goals

Goal 1: Public sector, private sector, civil society and **communities working together** to protect and improve the health and well-being of the population of The Bahamas.

Goal 2: Integrated people-centred **health care, services and programmes** delivered throughout every stage of life, focused on maintaining healthy individuals.

Goal 3: Improved health outcomes and operational efficiency driven by the management of strategic **information and evidence-based decisions.**

Goal 4: Health human resource governance, planning and management that ensures the right number of individuals, in the right roles, in the right locations, with the right skills to deliver quality care and services.

Goal 5: Optimized planning and management of **health facilities, infrastructure, technologies and supplies** for the safe, sustainable and effective delivery of quality health care and services.

Goal 6: Effective and accountable **leadership, management and oversight** focused on improving efficiency and quality across the health system.

Goal 7: A **sustainable health system** that is **governed and structured** to provide equitable and affordable access to efficient, high quality care and services.

GOAL 1

Inter-sectoral action for health

> GOAL 1: Public sector, private sector, civil society and communities working together to protect and improve the health and well-being of the population of The Bahamas.

Because the responsibility for health goes beyond the health system and health care providers, the health sector needs to work with the broader public sector, as well as the private sector, civil society and communities to protect and improve the health and well-being of our population.

The objectives below support an increased focus on "health in all policies" – a collaborative approach among all sectors that recognizes that health and well-being are factors of social and economic status, education, equality, access to health foods, and the state of our environment. These factors are sometimes referred to as the "social determinants of health," and improving these factors are essential if we are to improve the health and well-being of the population.

This means planning for healthy communities and a healthy environment through policies and services that address programmes for "Healthy Schools", "Healthy Hotels", "Road and Community Safety", create public spaces that promote health and enable healthy lifestyles, improve public education on health matters, improve access to education, create economic activity that reduce poverty, and ensures that everyone is treated equally in our society.

We also need to ensure we can protect the public against current and emerging infectious diseases and environmental threats to health. Readiness for natural and other disasters is always a priority. The health sector must continue to enhance its capacity and readiness to respond quickly to major public health threats for the protection of residents of The Bahamas.

OBJECTIVES

1.1 Facilitate inter-sectoral action for planning and implementing policies, programmes and services that improve the social and economic conditions that affect health.

1.2 Strengthen inter-sectoral capacity for implementing population-based disease prevention and health promotion strategies.

1.3 Strengthen health sector preparedness and response to protect the public from infectious and environmental threats, and to mitigate the impact from natural and other disasters.

What we will do.

1.1 Facilitate inter-sectoral action

➔ Review and assemble evidence to guide the development of interventions and strategies that address the social determinants of health specific to The Bahamas.

➔ Advocate for health in all policies on the national agenda through the inclusion of inter-sectoral strategies and policies that address social determinants of health, such as socioeconomic disparities, gender inequality, food security, crime and violence, food and water safety, and environmental sustainability.

➔ Adopt a national inter-sectoral framework for action to develop, plan and implement coordinated policies, programmes and services that address social determinants of health.

1.2 Disease prevention and health promotion

➔ Review and assemble evidence to guide the development of population-based disease prevention and health promotion strategies and interventions specific to The Bahamas.

➔ Engage inter-sectoral partners to establish common disease prevention and health promotion priorities, and align strategies and interventions.

➔ Advocate for the importance of investment in disease prevention and health promotion with government and private sector decision-makers.

➔ Educate the public on disease prevention and health promotion issues, and empower citizen support

and engagement to drive public policy and investment.

➔ Develop strategies to increase the proportion of health budget directed to prevention and health promotion.

1.3 Surveillance, readiness and response to health threats

➔ Strengthen national surveillance and response systems to detect, report and mitigate public health risks, including new and emerging diseases, and the effects of climate change.

➔ Strengthen the capacity of national disaster management systems to effectively mitigate the impact of natural and other disasters.

Tell us what you think.

1. I support this goal as a priority for the National Health System Strategy.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   If you disagree or strongly disagree, what changes would you recommend?

2. The objectives identified are the right ones to support this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the objectives.

3. The actions identified are the right ones to support the objectives for this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the initiatives.

GOAL 2

Integrated delivery of care

> **GOAL 2: Integrated people-centred health care, services and programmes delivered throughout every stage of life, focused on maintaining healthy individuals.**

Today, people follow health care. In the course of an illness, they must physically move, sometimes across great distances, from one provider or institution to another. Sometimes important information will be available when they arrive but too often it is not. For instance, if test results are not immediately available, tests may have to be repeated, frustrating patients and costing the patient and the system unnecessarily.

We need to change the way the system works by putting people at the center, and re-designing how care and services are delivered to remove barriers that prevent continuity and coordination of care and the flow of information.

We need to improve the patient experience and health outcomes by implementing a model of care that balances access to local and specialist services and keeps individuals as close to home as possible.

A draft "models of care" framework for re-designing care and services has been developed. The plan provides for initiatives to further refine, pilot and implement this framework to guide the re-design of care and services across the health system in consistent and integrated manner.

Currently our system invests heavily in care for people in the later stages of disease. Several of the objectives below focus on approaches to keep people healthy by strengthening national and local level health promotion strategies, improving the capacity of the health system to provide preventative care and services, and by increasing the range of services available in the community. Improving the access to comprehensive primary care services will mean earlier detection of disease and improved outcomes.

To effectively deliver these primary care services, health care professionals will need to work in teams, with collective responsibility for ongoing care of communities and targeted patient populations. These primary care providers must be advocates for their patients when they interact with other areas of the health care system to ensure coordination and continuity of care.

In most cases, primary care providers should be the first point of contact in an integrated system, providing comprehensive care that is community-based, coordinated across the system and at all levels of care, from birth to old age.

To optimize the current capacity and fully leverage the skill sets of a finite number of health care professionals, it will be critical use of our nursing and allied health care professionals to the greatest extent of their training and capacity.

We also need to look at other options to increase capacity, including coordinating and partnering with the private and community sectors, and implementing telehealth solutions which enable care at a distance.

Mental health and addictions issues are significant factors in the lives of people across the social spectrum. This plan places a priority on increased awareness, education and early intervention.

As awareness increases, so will the need for services. Based upon population growth projections, we can expect that the need for mental health and addictions services such as case management, substance abuse, and crisis intervention will increase. Already, our capacity for service and support does not meet current needs and varies depending on geography. The objectives below put a particular focus on strengthening community-based services

Finally, we need a national, inter-sectoral approach to planning that considers how long-term, rehabilitative and supportive care services can work together to support the growing elderly population, as well as adults and youth with complex needs.

OBJECTIVES

2.1 Improve the delivery of care and services to strengthen integration, patient-focus, and quality and continuity of care

2.2 Increase the focus on prevention and health promotion across all levels of care

2.3 Strengthen primary care services and programmes to improve access to comprehensive health services to meet the needs of individuals at every stage of life

2.4 Improve outcomes for people living with chronic non-communicable diseases

2.5 Improve the prevention, management and treatment of mental illnesses and addictions with a particular focus on strengthening community-based care and services

2.6 Increase the national capacity to provide the appropriate level of high quality long-term, rehabilitative and supportive care in community-based settings

What we will do.

2.1 Improve the delivery of care and services

➔ Implement a programme to strengthen the customer-service orientation of health care and services across the public sector.

➔ Implement a clinical quality and patient safety programme across the public health sector.

➔ Revise and adopt a Model of Care Framework based on results of a pilot project to redesign services.

➔ Using the Model of Care Framework, develop a 5-year roadmap to transform the delivery of care and services that addresses priorities, includes building capacity for oversight, coordination and change management, and is aligned with plans for health human resources, facilities and infrastructure, health sector reform and financial sustainability.

➔ Increase access to care and services through the effective use of appropriate telehealth technologies and protocols.

2.2 Focus on disease prevention and health promotion

➔ Increase the availability of prevention and promotion services in community, secondary and tertiary settings, including healthy lifestyle education, nutritional counseling, environmental health and social services.

➔ Increase awareness of prevention and promotion services among the public and health care providers, and

strengthen referral mechanisms from any point of care.

➔ Assess and strengthen prevention and promotion components of clinical guidelines and protocols, and educate health care providers on the inclusion of prevention and promotion activities in all clinical encounters.

2.3 Strengthen primary care

➔ Implement an ongoing process to identify the appropriate types of primary care services that should be available based on population size and the specific needs of communities across The Bahamas.

➔ Deliver the appropriate mix of primary care services based on need and cost-effectiveness through strategies such as new facilities, telehealth, transport services, mobile and home-based services, and an expanded role for nurse practitioners and allied health professionals.

➔ Increase the number of practitioners with specialized training in primary care.

➔ Strengthen the role of primary care as the entry point to the health system, and as the coordinator of care and services across the health system.

➔ Strengthen the accountability of primary care for the well-being of a defined population or community.

2.4 Improved outcomes for chronic non-communicable disease

➔ Strengthen evidence-based protocols for chronic disease prevention, screening and management, increase

training to health care providers, including allied health professionals, and improve the management and monitoring of the use of protocols.

➔ Expand outreach and screening programmes in the community with an emphasis on high-risk populations.

➔ Increase the quality, consistency and comprehensiveness of chronic disease care and management in community settings.

➔ Strengthen the integration and continuity of care of chronic diseases across community, secondary and tertiary care settings.

➔ Strengthen supports to patients and caregivers for self-care and management.

2.5 Improve the way we manage mental illness and addictions

➔ Identify high-risk populations and their specific needs to inform addiction prevention, management and treatment services and strategies.

➔ Increase the availability of mental health and addiction services in the community.

➔ Work with public sector and civil society partners to strengthen and integrate services available for prevention and management of addiction.

➔ Collaborate with police, courts, prison services and social services to improve the standards and procedures for the assessment, management and admission of individuals with mental illnesses or addiction.

➔ Work with government, private and civil society partners to increase

awareness of mental illness as a health issue, and to reduce the stigma associated with mental illness.

2.6 Increase capacity for long-term, rehabilitative and support of care

➔ Implement a process of ongoing assessment of current and future needs for long-term, supportive and rehabilitative care.

➔ Develop short- and long-term strategies for strengthening facilities, services and human resources to meet identified needs.

➔ Strengthen the delivery of long-term, rehabilitative, and supportive care in the public sector.

➔ Strengthen the oversight of private long-term, rehabilitative and supportive care facilities and caregivers to improve the safety and quality of care.

➔ Facilitate the establishment of an inter-sectoral strategy on aging that includes partners from the public, private and civil society sectors to ensure an integrated national approach to meeting the needs of older persons.

Tell us what you think.

1. I support this goal as a priority for the National Health System Strategy.
    Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

    If you disagree or strongly disagree, what changes would you recommend?

2. The objectives identified are the right ones to support this goal.
    Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

    I propose the following changes to the objectives.

3. The actions identified are the right ones to support the objectives for this goal.
    Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

    I propose the following changes to the initiatives.

GOAL 3

Information for decision-making

> **GOAL 3: Improved health outcomes and operational efficiency driven by the management of strategic information and evidence-based decisions.**

A complex health system requires informed decisions. Clinicians, administrators, managers and policy makers need quality, comprehensive and meaningful information to make effective decisions.

The plan calls for adding to the information systems we have already implemented, ensuring that information is integrated and available as required, as well as strengthening the skills and knowledge for individuals working in the health system to use this information appropriately.

The objectives below have particular focus on ehealth, expanding electronic medical records, developing a national electronic health record, and pursuing telehealth opportunities. Clinical, evidence-based decision making requires accurate information at the point of care. Global best practices have shown that electronic systems can support quality and continuity of care across all levels of care.

By better understanding our own situation – the real health status of the population, what solutions work best in our health system – we can build on international research and know we are making the right policies and carrying out the interventions best suited to improve health outcomes the population of the Bahamas. Continuous research and innovation will drive improvements in practice and standards of care.

OBJECTIVES

3.1 Enable the timely collection and analysis of data and the dissemination of high quality information to support clinical care and the planning and management of national health systems.

3.2 Strengthen the capacity of managers and decision makers working at all levels of the health system to use information for effective policy, management and clinical decision-making.

3.3 Strengthen national health research capacity to guide policy and interventions that improve health outcomes.

What we will do.

3.1 High quality information to support clinical care & planning

➔ Develop and implement a 5-year plan to strengthen medical records management systems and services across the public sector that addresses human resources, certification, training, quality and standards.

➔ Strengthen national capacity for the timely collection and analysis of data, and the dissemination of information across the health system for decision-making.

➔ Develop a national ehealth strategy with a focus on electronic medical records, a national electronic health record and telehealth.

➔ Ensure that the regulatory and policy framework appropriately supports the use of information technology in the health sector, and addresses issues such as privacy, security, legality of electronic records, and record retention.

3.2 Effective use of information across the system

➔ Implement a public health system performance framework aligned with organizational performance frameworks to provide standardized processes and measures to monitor performance and support effective decision-making.

➔ Develop and deliver a training programme on the use of the performance management framework, and to improve the capacity of managers to use strategic information for effective decision-making.

➔ Improve access to timely strategic information to managers across the public health system to facilitate the use of this information in effective decision-making.

3.3 Research to support improved health outcomes

➔ Establish a national research repository to increase awareness of new, ongoing and completed research, and to encourage collaboration and knowledge sharing.

➔ Increase capacity to respond to new and emerging health situations by identifying national health research priorities to provide guidance to national and international researchers.

➔ Strengthen the ethical review and approval process for clinical and health services research to encourage high quality research while protecting the rights and privacy of individuals and communities.

Tell us what you think.

1. I support this goal as a priority for the National Health System Strategy.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   If you disagree or strongly disagree, what changes would you recommend?

2. The objectives identified are the right ones to support this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the objectives.

3. The actions identified are the right ones to support the objectives for this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the initiatives.

GOAL 4

A strengthened health workforce

> GOAL 4: Health human resource governance, planning and management that ensures the right number of individuals, in the right roles, in the right locations, with the right skills to deliver quality care and services.

The health system depends on *people* to provide care and promote health every day. Securing effective human resources is a serious challenge in the face of a global shortage of health care workers. The plan calls for multiple approaches for developing, attracting and retaining the skills we need.

We also need to improve the capacity for planning and management human resources across the entire health system. This capacity will allow us to understand what kind of skills we need not just today but in the future.

The aim is to have the optimal number, mix, and distribution of health care providers, based on system design, service delivery models, and population health needs. A key priority is to focus on the allied health workforce – professionals like dieticians, physiotherapists, speech and occupational therapists, and medical technologists, to name just a few – to ensure equity and access to quality care.

We will need to coordinate with the Ministry of Education and post-secondary educational institutions to expand existing programmes and develop new training programmes to meet our needs.

At the same time as we recruit and train new professionals, we need to look at retaining our existing workforce. The plan calls for establishing benchmarks to ensure equity across the system. Effective retention is more than just financial compensation. We need to consider training, career paths that meet personal and system needs, enhancing professional respect, and opportunities for flexibility like job-sharing. We also need to make it easier for people to work where they are needed, by removing organizational and other constraints to human resource mobility.

OBJECTIVES

4.1 Strengthen the capacity for strategic planning and management (i.e., recruitment, retention, deployment, training, development, performance and succession) of health human resources on a national level.

4.2 Strengthen the allied health workforce to meet the national demand.

What we will do.

4.1 Increased capacity for national human resources planning

➔ Strengthen the capacity of the Ministry of Health to proactively plan and manage the supply, mix, demand and distribution of health human resources.

➔ On an ongoing basis, model projections for national health workforce requirements based on changing health needs of the country, and aligned with new models of care.

➔ Develop a long-term plan to improve The Bahamas' supply and deployment of health human resources through a combination of recruitment, retention, education, and training strategies and labour market policies.

➔ Work with key stakeholders to establish national health education and training priorities and implement changes.

4.2 Strengthen allied health workforce to meet demand

➔ Based on projections for health workforce requirements, implement an action plan focused on meeting the need for allied health professionals through recruitment, retention, education and training strategies.

➔ Ensure that the regulatory framework supports the deployment of the allied health workforce to the full professional capacity identified for each discipline.

➔ Strengthen the role and increase the workforce of allied health technicians to ensure allied health professionals can be deployed to their full capacity.

Tell us what you think.

1. I support this goal as a priority for the National Health System Strategy.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   If you disagree or strongly disagree, what changes would you recommend?

2. The objectives identified are the right ones to support this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the objectives.

3. The actions identified are the right ones to support the objectives for this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the initiatives.

GOAL 5

Management of health technologies and facilities

> GOAL 5: **Optimized planning and management of health technologies, facilities, infrastructure and supplies for the safe, sustainable and effective delivery of quality health care and services.**

A considerable portion of the health budget is directed toward the acquisition and maintenance of health technologies such as medications, medical devices, diagnostic equipment and information technology, facilities, infrastructure and supplies.

However, the absence of national standards for acquisition and deployment, and a lack of skilled people to plan, manage and maintain these resources, severely compromises the effectiveness of these essential components of the health system.

Investment in these resources has often been reactive, meeting specific urgent and localized needs, in the absence of a comprehensive long-term national assessment of supply, demand and value-for-money. Further, these investments are often made without alignment of capacity for support and maintenance.

This plan calls for the strengthening of the national capacity for the acquisition,

planning, deployment, management and maintenance of health technologies, facilities, infrastructure and supplies, with a focus on standards and human resources.

This integrated, national planning approach will align investments in new facilities and health technologies with best practice models of care and service delivery and long-term needs. Decisions will be guided by a value-for-money analysis that recommends the most cost-effective mix of public and private investment.

Many health facilities are aging or inadequate to meet increasing demand and changing best practices for care and services. The government has already committed to improvements for many health care facilities, and future investments will consider long-term need and innovative approaches for ensuring equitable access to care.

OBJECTIVES

5.1 Contain costs and improve efficiency through the rationalized planning, use and deployment of health facilities and infrastructure.

5.2 Contain costs and improve efficiency through the rationalized planning, use and deployment of health technologies and supplies.

What we will do.

5.1 Best use of health facilities and infrastructure

➔ Strengthen the capacity for effective short- and long-term national planning and investment in health facilities and infrastructure aligned with services, programmes, and models of care.

➔ Improve access to care in the Family Islands through new facilities, infrastructure and innovative approaches aligned with appropriate functional programming and models of care.

➔ Improve access to secondary and tertiary care in New Providence and Grand Bahama through new facilities, infrastructure and innovative approaches aligned with appropriate functional programming and models of care.

➔ Create a national health information systems/information technology development strategy that addresses the planning, implementation and management of clinical and management information systems and IT infrastructure.

➔ Strengthen capacity for preventive maintenance of health facilities and infrastructure through the investment in human resources, training and the strengthening of preventive maintenance standards.

5.2 Best use of health technologies and supplies

➔ Strengthen the capacity for effective short- and long-term national planning and investment in health technologies and supplies aligned with services, programmes, and models of care.

➔ Strengthen capacity for effective procurement, and the development, negotiation and management of vendor and partnership agreements for health technologies and supplies to improve national purchasing power and value for money.

➔ Establish national standards for health technologies and supplies to increase national purchasing power, leverage investments in human resources and training, and to reduce the burden on preventive maintenance.

➔ Strengthen capacity for health technologies preventive maintenance through the investment in biomedical human resources, training and the strengthening of preventive maintenance practices.

➔ Continue to improve capacity for effective supply chain management to contain costs and ensure availability and quality of supplies.

Tell us what you think.

1. I support this goal as a priority for the National Health System Strategy.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   If you disagree or strongly disagree, what changes would you recommend?

2. The objectives identified are the right ones to support this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the objectives.

3. The actions identified are the right ones to support the objectives for this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the initiatives.

GOAL 6

Leadership and governance

> **Goal 6: Effective and accountable leadership, management and oversight focused on improving efficiency and quality across the health system.**

The health system is complex and getting more so every year. It provides an increasing number of services across various organizations to 22 populated islands that span thousands of miles. Medical advancements and increasing demand continue to drive up health costs, while the global economic situation puts pressure on financial and human resources. Continuous and innovative change is essential to successfully meeting these complex challenges. Managing this change will require a new style of "transformational" leadership that enhances the motivation, morale and performance of people to drive positive change.

But change also requires effective and accountable managers. The plan calls for strengthening all aspects of management through the adoption of a performance management framework, supported by ongoing training, updated job descriptions that focus on accountability and results, and career paths that reward high-performers.

Gaps in regulatory and oversight mechanisms often make it difficult to adopt innovative change while ensuring quality, safety and accountability. A more flexible and strategic approach for regulatory updates will be required, in addition to strengthening existing capacity for oversight and compliance.

The Ministry of Health has begun initiatives to strengthen its capacity to oversee the planning and implementation of the NHSSP. A multi-sectoral governance committee with partners from the health sector will monitor achievements and progress.

Together, these changes will enhance the transparent and accountable governance of the health system.

OBJECTIVES

6.1 Create a culture of transformational leadership that values innovation and respect, and rewards performance.

6.2 Strengthen management capacity at all levels, and implement a management framework that requires accountability and rewards results.

6.3 Implement flexible and sustainable approaches to address gaps and weaknesses in the legislative, policy, regulatory and compliance framework.

What we will do.

6.3 Transformational leadership

➔ Establish a Health Sector Leadership Forum with participation from across the public and private sectors to create a venue to increase awareness of transformational leadership principles and values, to develop strategies for creating a culture of transformation leadership within the Health Sector, and to provide mentorship for a new generation of leaders.

➔ Include clear criteria for assessing transformational leadership qualities as part of new hires and routine performance evaluations, with clear guidelines on rewarding positive performance and providing additional training and advancement in accordance with the established Leadership Career Track.

➔ Implement a Leadership Career Track for Health Sector employees that provides a structured training programme and opportunities for advancement based on demonstrated leadership qualities.

6.2 Effective, accountable management

➔ Adopt a formal performance management framework for evaluating all Health Sector staff that focuses on outcomes and rewards results.

➔ Revise job descriptions of managers to explicitly focus on performance and outcomes, and develop career paths that recognize merit-based promotions.

➔ Develop a standardized management training programme for all Health Sector managers that provides training on result-oriented management techniques, as well as on tools for using the Health Sector performance management framework.

6.3 Address gaps and weaknesses in the legislative, policy, regulatory and compliance framework

➔ Strengthen the capacity within the Ministry of Health for ongoing policy and legislative planning, advocacy, co-ordination and review.

➔ Assess the regulatory framework and compliance mechanisms of the health sector, and develop a strategy to strengthen the Ministry of Health's role and capacity to effectively provide regulatory oversight and enforcement.

➔ Assess the existing legislative and regulatory framework and develop a 5-year plan, aligned with the priorities of the NHSSP 2010-2020, that addresses identified gaps and weaknesses.

Tell us what you think.

1. I support this goal as a priority for the National Health System Strategy.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   If you disagree or strongly disagree, what changes would you recommend?

2. The objectives identified are the right ones to support this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the objectives.

3. The actions identified are the right ones to support the objectives for this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the initiatives.

GOAL 7

A sustainable health system

> **Goal 7: A sustainable health system that is governed and structured to provide equitable and affordable access to efficient, high quality care and services.**

The strategies proposed in the National Health System Strategic Plan are designed to enhance the health and well-being of people in The Bahamas, and improve the experience of patients and families that receive care and services.

However, these strategies will require significant and sustained additional investment in the health system if we are to maintain existing accomplishments while expanding to meet demand and implement improvements.

The plan calls for the assessment of a range of mechanisms to both reduce costs and increase revenues to provide equitable and affordable access to quality care services.

In particular, the plan calls for an assessment of risk pooling mechanisms that ensure access to a basic package of essential health services, while protecting individuals from financial hardship due to catastrophic medical costs. The recently introduced *National Prescription Drug Plan* demonstrates the government's

commitment to ensuring equitable access to health care, and provides a foundation for future risk pooling mechanisms.

Increasing efficiency and reducing barriers to quality care will also require an assessment of the governance and organizational structures of the health system. In re-designing how care and services are delivered, we will also need to identify the most effective and appropriate organizational roles and responsibilities. The plan calls for the establishment of a Task Force to review these governance challenges make recommendations for health sector reform.

As well, the plan recognizes the need for increased involvement of communities in the direction and oversight of the health system with the strengthening of Community Health Councils that will set health care priorities for their communities and monitor the performance and impact of local health services.

OBJECTIVES

7.1 Implement strategies to effect health sector reform.

7.2 Implement appropriate and sustainable mechanisms for health sector financing, including revenue generation, resource allocation and cost containment.

What we will do.

7.1 Health sector reform

➔ Establish a Task Force to assess strengths and challenges with current governance and organizational structures in the health sector, and to review the roles, responsibilities and capacity of community health services and public health.

➔ Strengthen the role of Community Health Councils in the establishment of health priorities for their communities, and in the monitoring of the performance and impact of community-based health services.

➔ Present recommendations and secure approval for a Health Sector Reform Strategy and Implementation Plan

7.2 Financing the health care sector

➔ Identify potential alternate forms of revenue generation, such as medical tourism, regional specialization, and public-private partnerships and develop recommendations for action.

➔ Identify and assess potential risk pooling mechanisms to ensure access to a basic package of health services, and to prevent financial hardship due catastrophic medical costs.

➔ Assess the efficacy, cost effectiveness and value for money of programmes and services within the context of population health need,

models of care, and strategic priorities.

➔ Devise and support investment and re-investment responsive to changing demographics, population health needs, models of care, service demand and evidence of return on investment.

➔ Introduce National Health Accounts (NHA) as a tool to inform health policy formulation and funds distribution across the different services, interventions and activities produced by the health system.

Tell us what you think.

1. I support this goal as a priority for the National Health System Strategy.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   If you disagree or strongly disagree, what changes would you recommend?

2. The objectives identified are the right ones to support this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the objectives.

3. The actions identified are the right ones to support the objectives for this goal.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   I propose the following changes to the initiatives.

Measuring success

Performance measurement and reporting

Performance measurement – or monitoring how we are doing at meeting the goals, objectives and delivering the initiatives outlined in the NHSSP – will occur at various levels across the health system.

The proposed performance measurement framework illustrated below identifies how we will report on our performance on implementing the identified initiatives to meet our objectives and achieve our goals.

Draft indicators (see **Appendix**) have been developed and will continue to be refined for the final draft of the NHSSP.

Outcome Indicators will be used to measure whether the goals, objectives and initiatives identified in this plan are contributing to better outcomes, like longer and healthier lives.
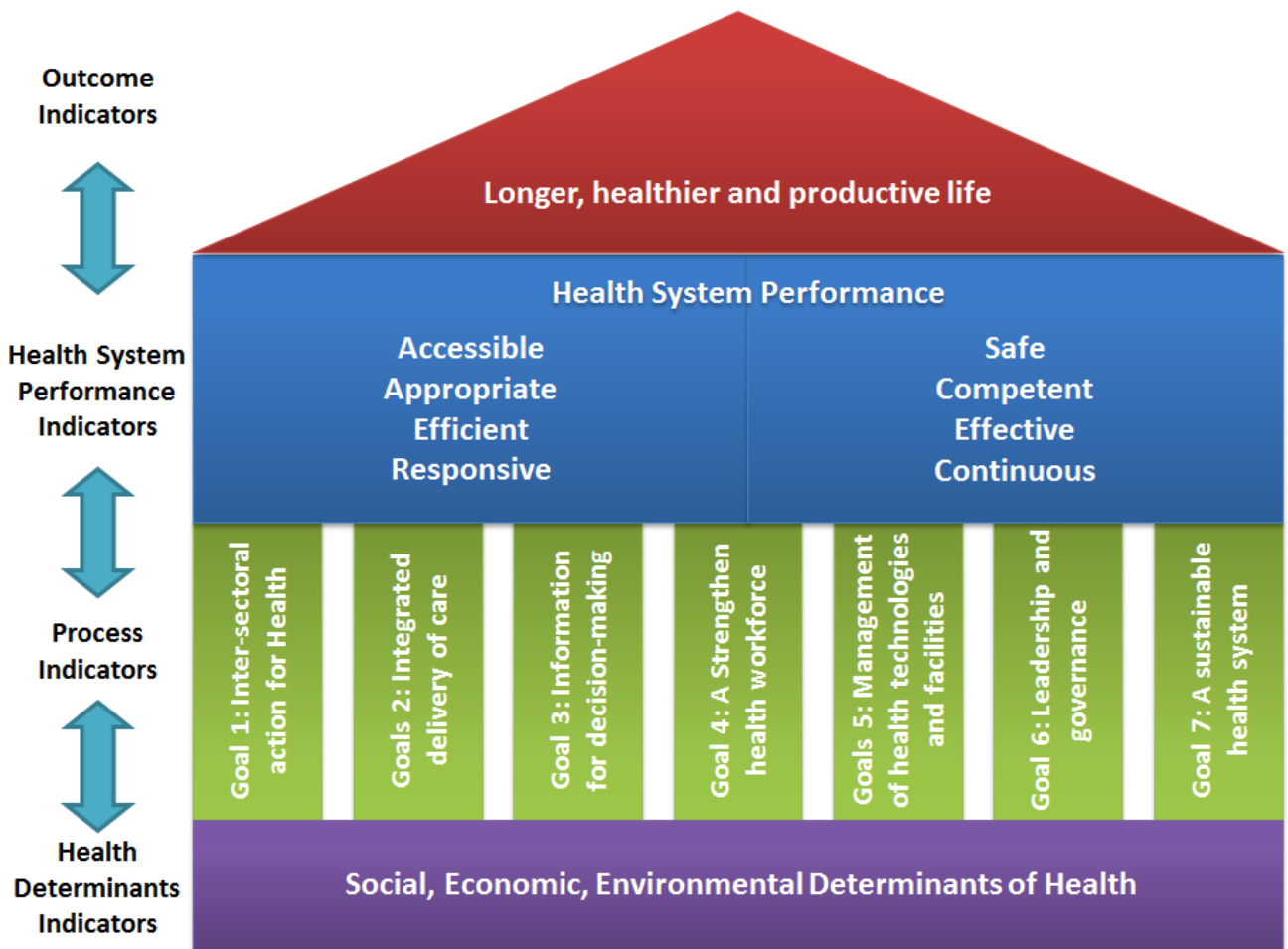
Health System Performance Indicators will measure how well the system is working and whether it embodies the characteristics of a high performing system identified in the framework below.

Process Indicators will monitor how we are doing on implementing the NHSSP, and whether we are successfully implementing the initiatives identified in the plan.

Health Determinants Indicators will be used to report on improvements to social determinants of health, like education levels, housing conditions, and the rate of poverty.

Of course, many more indicators will be used by individual programs, units and institutions to measure their success.

These indicators have been chosen because they provide a representative measure on our performance and our level of success at the various different levels identified in the framework below.

Outcome Indicators

Health System Performance Indicators

Process Indicators

Health Determinants Indicators

Longer, healthier and productive life

Health System Performance

Accessible
Appropriate
Efficient
Responsive

Safe
Competent
Effective
Continuous

Goal 1: Inter-sectoral action for Health

Goals 2: Integrated delivery of care

Goal 3: Information for decision-making

Goal 4: A Strengthen health workforce

Goals 5: Management of health technologies and facilities

Goal 6: Leadership and governance

Goal 7: A sustainable health system

Social, Economic, Environmental Determinants of Health

National Health System Strategic Plan Performance Measurement Framework

Tell us what you think.

1. The Measurement Framework is a good way to report on the National Health System Strategy.
Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   If you disagree or strongly disagree, what changes would you recommend?

A FEW FINAL QUESTIONS

Listed below are the 7 goals that are the basis of this draft National Health System Strategic Plan. Now that you have had a chance to read and comment on individual goals, objectives and initiatives, here is an opportunity to comment on the plan as a whole.

Strategic Goals

Goal 1: Public sector, private sector, civil society and **communities working together** to protect and improve the health and well-being of the population of The Bahamas.

Goal 2: Integrated people-centred **health care, services and programmes** delivered throughout every stage of life, focused on maintaining healthy individuals.

Goal 3: Improved health outcomes and operational efficiency driven by the management of strategic **information and evidence-based decisions.**

Goal 4: Health human resource governance, planning and management that ensures the right number of individuals, in the right roles, in the right locations, with the right skills to deliver quality care and services.

Goal 5: Optimized planning and management of **health facilities, infrastructure, technologies and supplies** for the safe, sustainable and effective delivery of quality health care and services.

Goal 6: Effective and accountable **leadership, management and oversight** focused on improving efficiency and quality across the health system.

Goal 7: A **sustainable health system** that is **governed and structured** to provide equitable and affordable access to efficient, high quality care and services.

Tell us what you think.

1. I support these 7 goals as priorities for the National Health System Strategy
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   If you disagree or strongly disagree, what changes would you recommend?

2. The plan identifies all priority initiatives for the next 5 years.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

   If you disagree or strongly disagree, what new priorities would you add?

3. What are the 3 health system priorities that you believe are most essential to make progress on over the next 5 years?

4. What are the 3 health system priorities that you believe are least essential to make progress on over the next 5 years?

General questions

1. I have read the consultation document.
   All of it / Some of it

2. The Consultation Document is a good way to find out what I think.
   Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree

If you disagree or strongly disagree, what method of consultation would you suggest?

3. What do you see as the major achievements in the health system over the last 10 years?

You are welcome to respond anonymously but it would be helpful to know a little bit about you like whether you work in the health system and, if so, what kind of work you do. _Identifying yourself is voluntary –you can provide none, some or all of the information requested_. Thank you.

Name

Contact information

Occupation

Where do you work?

APPENDIX – DRAFT INDICATORS

Health Status and Outcome Indicators

Indicator	Target
1.1:Life expectancy at birth (years)	Above current level for males & females Narrow the gap between males & females
1.2: Disability Adjusted Life Expectancy (DALE) (years)	Above current level for males & females Narrow the gap between males & females
1.3: Infant Mortality Rate (per 1,000 live births)	12.7 or lower (2001 - best rate achieved)
1.4: Under-5 mortality rate (per 1,000 live births)	15.5 or lower (2001- best rate achieved)
1.5: Incidence/Prevalence - select conditions (per 100,000 population):	
• *TB incidence*	Half current levels
• *HIV incidence*	Half current levels
• *Cancer incidence*	Reverse incidence
• *Prevalence of diabetes*	Reduce prevalence
• *Prevalence of Hypertension*	Reduce prevalence
1.6 Cause-specific mortality rates (per 100,000 pop.):	
• *AIDS*	Maintain existing declining trend
• *Diabetes*	Reduce mortality
• *Cancer*	Halt and reverse the current trends in mortality
• *Heart Disease*	Halt and reverse the current trends in mortality

Health System Performance Indicators

Indicator	Target
2.1: % Children fully immunized at 12 months (MMR, DPT, HIB, HepB)	98% for each vaccine 95% is recommended for "herd" immunity to protect the full population of children but 98% is the ultimate goal.
2.2: Proportion of pregnant women with gestation of 16 weeks or less at first clinic visit	Above 60% Standard international indicator and desirable target as indicated by MCH Programme, MOH
2.3: % women having a mammography in past year in particular age groups (self-reported)	Target to be established in line with national guidelines and in consultation with MOH/relevant department
2.4: Average length of stay (ALOS) overall & by selected specialty area	Target to be established
2.5: Rate of health personnel to population (nurses, physiotherapists)	Target to be established
2.6: #Medication error rate per 10,000 patient days	Target will be established when data becomes available.
2.7: Government expenditure on health by level of care	Target will be established based on national health accounts

Process Indicators

Indicator	Milestone 1 (Target Date TBD)	Milestone 2 (Target Date TBD)
Goal 1: Public sector, private sector, civil society and communities working together to protect and improve the health and well-being of the population of The Bahamas.	Health indicated as a priority for action in at least 2 sectoral governmental strategies (e.g. tourism, education, employment)	Health in All policies adopted as a national inter-sectoral framework for action to address determinants of health
Goal 2: Integrated people-centred health care, services and programmes delivered throughout every stage of life, focused on maintaining healthy individuals.	A pilot project to re-design the delivery of care and services in at least one clinical area introduced and lessons learned	A new Model of Care Framework adopted and operational across the health system focusing on integrated care, services and programs
Goal 3: Improved health outcomes and operational efficiency driven by the management of strategic information and evidence-based decisions.	A 5-year plan for strengthening Medical Records Management developed and implementation launched	The Health Information System redesigned and strengthened to support clinical and managerial decision-making across MOH, PHA, DPH
Goal 4: Health human resource governance, planning and management that ensures the right number of individuals, in the right roles, in the right locations, with the right skills to deliver quality care and services.	A capacity-strengthening training programme for purchasing, supply chain management implemented	Standards developed and implemented for planning, rationalization and management of health facilities, infrastructure, technologies and supplies
Goal 5: Optimized planning and management of health facilities, infrastructure, technologies and supplies for the safe, sustainable and	Guidelines for recruitment, retention, deployment, training, development, performance and succession revised and responsible	A national capacity to plan and manage human resources, including allied health workforce, strengthened to ensure right numbers, skills,

Indicator	Milestone 1 (Target Date TBD)	Milestone 2 (Target Date TBD)
effective delivery of quality health care and services.	managers trained	in right roles and right locations
Goal 6: Effective and accountable leadership, management and oversight focused on improving efficiency and quality across the health system.	5-year plan, addressing existing legislative and regulatory gaps, developed and implementation launched	MOH as an effective steward of the national health system providing regulatory oversight and enforcement in transparent and collaborative way
Goal 7: A sustainable health system that is governed and structured to provide equitable and affordable access to efficient, high quality care and services.	A system of National Health Accounts launched to inform policy decision making, including resource allocation and expenditure across the system	A Health Systems Financing Reform Strategy and Implementation Plan approved by the Cabinet and launched

Determinants of Health Indicators

Indicator	Target
4.1: Poverty rates	Overall poverty rate under 5% (MDG target – reduce poverty by half)
4.2: Nutritional status of adults, children - BMI	49% - need to reverse the obesity epidemic (In accordance with best level achieved in the last few decades)
	Less than 5% outside normal ranges (WHO)
4.3: Unemployment rate	Under 5% (In accordance with best rate achieved in past years)
4.4: Qualifications of Youth not in School, ages 16-24	Nationwide and in the poorest quintile improvement by half
4.5:Homicide rate (per 100,000 pop.)	Steady trend downwards over 10 year period starting 2011
4.6: Housing condition - overcrowding- three or more person per bedroom	To reduce overcrowding nationwide and in the poorest quintile by half

ENDNOTES

[i] Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action. World Health Organization, Geneva, 2007.

[ii] Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action. World Health Organization, Geneva, 2007.

[iii] The Implications of regional variations in Medicare spending. Part 1: The content, quality and accessibility of care, " E. S. Fisher at al. Annals of Internal Medicine, vol. 138 no. 4, 2003.