

THE NATIONAL HEALTH SERVICES

STRATEGIC PLAN

2010 - 2020

The Commonwealth of The Bahamas



ACKNOWLEDGEMENTS

The National Health Services Strategic Plan (NHSSP) 2010 – 2020, has emerged from an elaborate collaboration of national and international partners under the direction of Dr. Perry Gomez, Minister of Health, and Dr. Merceline Dahl-Regis, Chief Medical Officer. Together, their innovation, leadership, foresight and unwavering commitment to advancing the health agenda of The Bahamas have framed the context for this work and the successful execution of this process.

Given the mandate of the Ministry of Health, the IDB-NHSSP Technical Advisory Group (TAG) was charged with the responsibility of providing technical guidance and support during the NHSSP process and implementation. Special thanks are extended to this grouping comprised of Ms. Camille Johnson, Mrs. Veta Brown, Dr. Merle Lewis, Dr. Victor Zamora, Mr. Carl Oliver, Mrs. Sharon Miller and chaired by Dr. Merceline Dahl-Regis.

Gratitude is extended to the members of the NHSSP Secretariat who worked tirelessly within a defined interval, incorporating novel ideas and renewed spirit to the planning and development of the NHSSP, in particular Mrs. Hannah Gray.

Appreciation is extended to the Project Coordinator, Mrs. Mary Walker whose dedication, professionalism and organizational commitment provided the much needed structure to bring this project to completion. Additionally, special thanks are conveyed to the Health Planners whose contributions have been instrumental in formulating a communication and implementation strategy for this Plan.

We would also like to acknowledge the good work performed by members of the following groups/committees: -

- National Health Services Strategic Plan Steering Committee
- Information Technology Steering Committees and Technical Advisory Group
- Human Resources for Health (HRH) Committee and Sub-Committees
- Community Health Services Development Project Committee and Sub-Committees

The Ministry of Health recognizes that the developmental process of the NHSSP benefited greatly from the diverse perspectives and rich discussions tabled by our stakeholders within the Ministry, the Department of Public Health, the Public Hospitals Authority, other public agencies and the private sector. And as such, each are deserving of thanks. Worthy of mention also is the technical expertise, mentorship and knowledge sharing offered through the external consultancies of Mr. Daniel Doane, Mr. Luis Antola, and the AGA Khan Team – Mr. Lee Hilling, Mr. Michael Guerriere, Mrs. Kathryn Mackle, Orville Adams and Vern Hicks.

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Finally, special thanks are extended to the Inter-American Development Bank (IDB) for their continued belief in and partnership with The Ministry of Health, without whose financial support this Plan would have had significant challenges in coming to fruition.

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MESSAGE FROM THE HON. DR. M. PERRY GOMEZ, MP MINISTER OF HEALTH

The NHSSP is a road map for the Ministry of Health for the next ten years, a critical period as we implement the development agenda of the Government of The Bahamas. The goals identified in the plan and strategies to be implemented will prepare my administration to introduce a social health insurance scheme that is most needed by our fellow Bahamians.

The emphasis on increased efficiency and a strengthened health care system is critical as we seek to provide quality health care services throughout the archipelago.

I wish to express my heartfelt appreciation for the financial and technical support our team received from the Inter-American Development Bank and other external partners viz. the AGA KHAN Network and the Pan American Health Organization in producing this plan. Today we have a stellar group of health planners who have been trained to work with all stakeholders and our internal partners to implement the plan.

I am pleased to present the plan for endorsement by the Government of The Bahamas.

A handwritten signature in black ink, appearing to read 'M. Perry Gomez'.

The Hon. Dr. M. Perry Gomez, MP
Minister of Health



MESSAGE FROM THE PERMANENT SECRETARY

The Ministry of Health has been intentional in the promotion, treatment and delivery of service to the community. The approach to the promotion of health care services has been designed using a holistic approach through addressing the well-being of the whole person.

This 2010 – 2020 National Health Services Strategic Plan (NHSSP) was developed to guide the management service using a systems thinking approach which puts the focus on relationships and interactions for the wellness of the whole man. It speaks to the involvement of the entire community in the government's effort, not only to provide care, but to aid in the decrease of diseases.

The Ministry of Health is committed to the implementation and delivery of care as we embark on an improved health system for the 21st century.

I commend the participants from the various disciplines who contributed to the development and design of the strategic plan.

A handwritten signature in black ink, appearing to read 'Pratt', with a long horizontal flourish extending to the right.

Hyacinth Winder Pratt
Permanent Secretary, Ministry of Health

FOREWORD

In accordance with its legislative responsibility, the Ministry of Health is mandated to “make provision for securing the public health” for all residents of The Bahamas in addition to providing health care for the more than 5 million tourists who visit The Bahamas annually. Beginning as early as 2000 to 2005, with the development of the first NHSSP, over 3000 health care professionals in The Bahamas, were guided in the implementation of programs, processes, and policies as well as monitoring and evaluation procedures that held the staff more accountable and systematically contributed to better health outcomes for our people.

In recognition of the progress made and the new and emerging health threats and challenges, The NHSSP 2010 to 2020 responds to the national goal to ensure a healthier Bahamian population through a strengthened health care system for all. Health planners representing public sector institutions were afforded training by a number of international consultants and experts in order to produce this plan.

To ensure that the plan is comprehensive and inclusive and responds to the national need, seven goals with clearly defined indicators and strategies have been identified to improve the delivery of expanded health care and services throughout the archipelago. Additionally, the development of an operational plan will ensure the accomplishment of the Millennium Development Goals by 2015.

It is recognized that goals, three and four, which are health human resources and management of information and evidence-based decisions, will require legislative reforms to achieve parity among health personnel, better coordination of training opportunities, and more effective management of the newer technologies.

Further, the NHSSP will ensure that there will be greater equity in the provision of care despite the geographical challenges across the archipelago.

It is therefore imperative that investments not only be made in the completion and construction of new health facilities, but also in financing the implementation of the NHSSP. The implementation of this plan is a prerequisite of the success for a national health insurance scheme.



Merceline Dahl-Regis, M.D.
Chief Medical Officer

NATIONAL HEALTH SYSTEM STRATEGIC PLAN STRATEGIC FRAMEWORK

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** Ensured planning, management, accessibility and utilization of health infrastructure and health technologies that are appropriate to the needs of the population to sustain quality care.
- 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, structured and financed to provide equitable and affordable access to efficient, high quality care and services.

THE NATIONAL HEALTH SYSTEM STRATEGIC PLAN: A NEW VISION FOR HEALTH IN THE BAHAMAS

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 needs. Our health system must also change if we are to meet these needs. Such change requires the guidance of a clear vision with common priorities and strategic directions.

The new National Health System Strategic Plan for 2010 to 2020 (NHSSP) provides vision and direction for the development and management 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 partners in health are working together effectively toward achieving the same priorities and goals.

Under the banner of a vision of empowered individuals and communities for optimal health and communities, longevity and quality of life, the NHSSP is built upon a set of core 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

These core values are reflected in seven strategic goals which focus on the following priority areas:

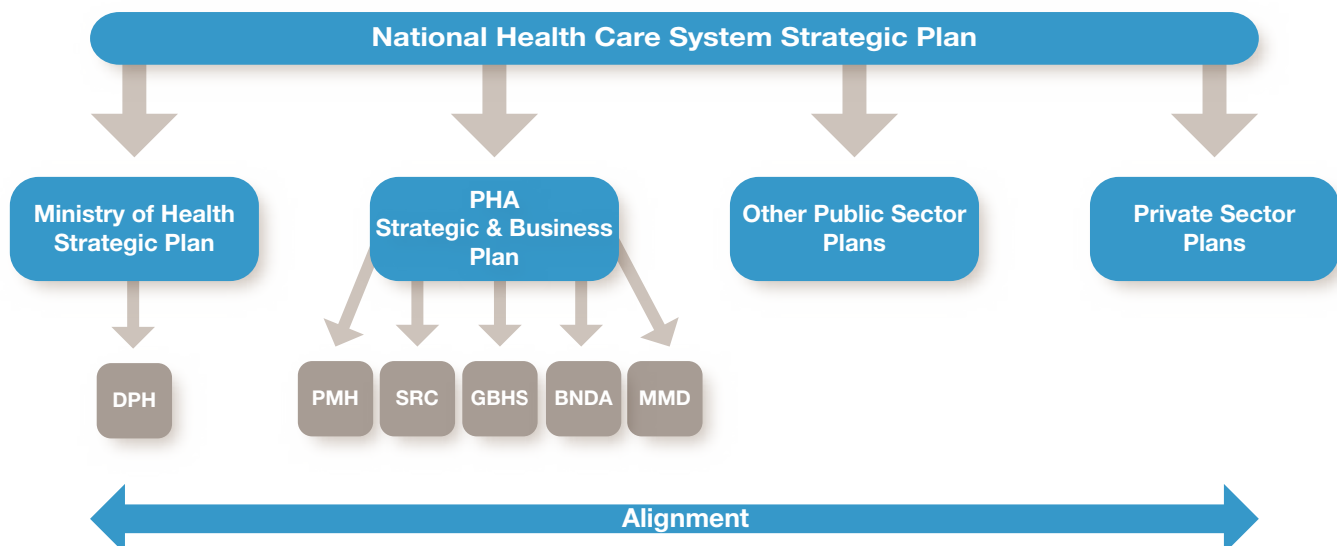
1. Inter-sectoral action for protecting and improving health
2. Integrated people-centred services, focused on maintaining health
3. Improved use of information for decision-making
4. A strengthened health workforce
5. Optimal use of health technologies, facilities, infrastructure and supplies
6. Accountable leadership and governance
7. A sustainable health system (with sustainable health financing)

Each goal provides a brief vision statement of what the health system in The Bahamas will look like in 10 years and includes strategies on how we will achieve each goal.

For every strategy, there are several specific actions to be executed by the Ministry of Health and its national partners.

A national planning framework

The NHSSP provides a common national planning framework for the strategic and operational plans of the Ministry of



Health, the Department of Public Health, the Public Hospitals Authority and relevant government ministries, departments and agencies, as well as all partners in the health system, including the private and community sectors.

All partners in the health system will use the NHSSP to link their strategies, policies and investments to these shared national priorities to drive changes in the system that improve health outcomes.

The Ministry of Health will work with its partners to ensure that efforts are coordinated, integrated and aligned with the national priorities outlined in the NHSSP.

Immediate priorities

The NHSSP has a 10-year planning horizon (2010-2020) with 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.

From these overall seven strategic goals, a number of short and medium-term priorities have emerged. These areas of priority focus reflect critical activities already underway or foundational actions that must be executed quickly in order to support key areas of the plan in the medium to long-term.

These key short and mid-term priorities include:

- Strengthening information systems and improving the use of information to support other key strategic priorities such as quality improvement, management and operational efficiency, and better information on costing to develop new health system financing strategies.
- Health human resource capacity planning to quickly put into place the mechanisms that will ensure availability of required human resources in the medium and long-term.
- Piloting and implementing a new model of care for chronic non-communicable diseases focused on prevention that delivers integrated care and services centered on the needs of the individual and family.
- Strengthening management capacity and implementing a performance management framework to increase accountability through the health system and to ensure the effective management of the changes required by NHSSP strategies.

- Building new health facilities and upgrading existing health facilities aligned with new models of care to increase access to services, meet increased demand, and improve the quality of services and the patient experience. Key projects include new laboratory, diagnostic services, surgical and critical care facilities for New Providence, upgrades to critical care and surgical facilities in Grand Bahama, and new community hospital facilities in the Family Islands.
- Evaluating new strategies for health system financing to secure the resources to execute the priorities of the NHSSP and ensure the long-term sustainability of an accessible and equitable health system.

A vision and a roadmap for improving health

The NHSSP provides a vision of our health system in 2020, and roadmap for addressing the most pressing health challenges facing The Bahamas today. The goals, strategies and actions presented in the following section describe in greater detail how we will address the challenges faced by the health system, and drive changes that improve the health and well-being of our population.



BUILDING AND IMPLEMENTING THE NHSSP

Developing the NHSSP

The NHSSP was 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 Inter-American Development Bank (IDB) have provided resources for the development and implementation of the NHSSP.

A Secretariat, with members from various health sector partners, led consultations and developed the various components of the plan under the leadership of the NHSSP Steering Committee, chaired by the Chief Medical Officer. The Steering Committee included representation from the Ministry of Health, the Department of Public Health and the Public Hospitals Authority, other ministries and the community.

Many national and health-sector-based reports, studies, 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 plan, (Commonwealth of The Bahamas, 2000), a report produced in 2009 on the general Review and Environmental Scan of the Bahamas Health Sector, (Kurt Salmon Associates, 2009) as well as the draft of the Chief Medical Officer's Annual Report (2004-2008) (Dahl-Regis, 2010) which provided an important analysis of health conditions in the country.

Stakeholder consultation

The formal strategic planning process began in November 2009 with stakeholder consultations engaging over 250 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.

A final round of multi-sectoral consultations with participants from non-governmental organizations (NGOs), the private sector and the general public were completed December 6th, 2010.

Based on these initial consultations and document reviews, the NHSSP Secretariat, under the guidance of the NHSSP Steering Committee developed a draft plan. A *Consultation Document* was developed to support the process of obtaining further

feedback from stakeholders. The consultation document was distributed electronically in March 2011 to stakeholders, and posted for wider public access on the websites of the Ministry of Health and the Public Hospitals Authority.

Feedback from these final consultation sessions and from electronic responses to the consultation document was incorporated into the plan, as appropriate.

Finally, opportunities will exist for continued stakeholder involvement in the monitoring and evaluation of the plan's implementation and stakeholder consultation will continue throughout the annual planning cycles of the Ministry of Health over the 10 years ahead.

A systems thinking approach

The World Health Organization (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 (WHO, 2007):

- 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 in financing and leadership, 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.

The seven goals of the NHSSP closely follow the model of the health system building blocks identified by WHO, with slight variations reflecting the unique priorities and context of The Bahamas.

An effective health system that delivers improved health outcomes is not solely the responsibility of the Ministry of Health or even the Government. WHO notes that a health system consists of “*all organizations, people and actions whose primary intent is to promote, restore or maintain health.*” (WHO, 2007).

The process and approach for developing the NHSSP recognizes the role that individuals and organizations in the public, private and community sectors have in promoting, restoring and maintaining health, and the inter-connectedness of various organizations, units and individuals within the health system. This theme is found throughout the plan and reflects a “systems thinking” approach adopted for the plan’s development.

Implementing the plan

Managing and monitoring the implementation of the NHSSP is the responsibility of the Ministry of Health. With support from the Inter-American Development Bank (IDB), the Pan-American Health Organization (PAHO) and other technical partners, the Ministry is strengthening its capacity to oversee and coordinate the plan. A re-structured and strengthened

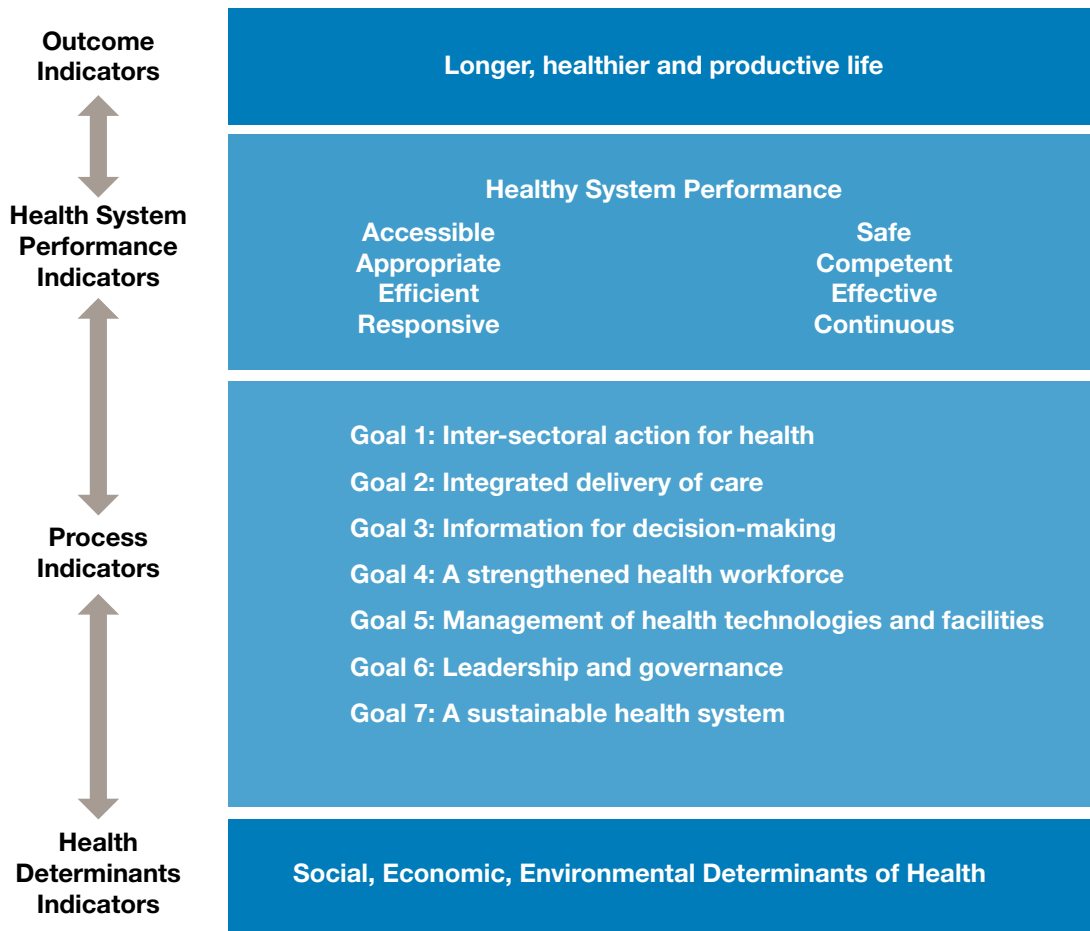
Planning Unit with additional expertise and resources has been established. This unit will take the lead in developing a detailed implementation plan, and will work with health system partners to integrate and coordinate plans and activities.

A multi-sectoral governance committee with partners from health and other sectors will monitor and report progress and achievement using the performance measurement framework and indicators outlined in this document.

Costing the plan

The strategies identified for implementation over the life of this plan do not address all of the needs faced by the health system today. Even so, this focused set of priority 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 activities identified in the plan will require bold new approaches.



The plan anticipates the need to develop new approaches for managing costs and increasing revenues, promoting greater efficiencies and optimizing resources in the health system to fund improvements to the health system. An intensive effort to cost the plan will be undertaken as a first step in planning and managing the implementation of the NHSSP.

Measuring success

Performance measurement—or monitoring how we are doing at meeting the goals and delivering on the strategies and actions outlined in the NHSSP—will occur at various levels across the health system.

The performance measurement framework illustrated below identifies how the Ministry of Health and its partners will report on our performance on implementing the identified strategies to achieve our goals.

Indicators (see **Appendix A**) have been developed that are designed to measure progress and success across a number of dimensions:

- *Outcome indicators* will be used to measure whether the goals, strategies and actions 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 above.
- *Process indicators* will monitor how we are doing on implementing the NHSSP, and whether we are successfully implementing the actions 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. While the plan itself cannot address improvements in these areas on its own, it does call for the health sector to advocate, lead and coordinate actions with all partners across the public, private and community sectors to implement strategies that improve social, economic and environmental conditions that affect health.

These indicators have been chosen because they provide a representative measure on performance across the various dimensions identified in the framework above. Of course, many more indicators will be used by individual programs, units and organization to measure the success of their own strategic and operational plans.

HEALTH SYSTEM OF THE BAHAMAS

Ministry of Health

Health Sector Regulation • National Policy & Planning • National Program Coordination • Public Sector Funding

Public Hospitals Authority

Princess Margaret Hospital • Sandilands Rehabilitation Centre • National Emergency Medical Services
Grand Bahama Services • Bahamas National Drug Agency • Material Management Directorate

Public Health Department

New Providence Community Clinic Services • National Program Coordination • Family Islands Health Services
National Disease Notification • Immunization • National Disease Surveillance

Monitoring of Disease Statistics
Outbreak Investigations • Contact Tracing
Food Safety • Port Health

Department of Environmental Health Services

Health Inspectorate • Solid Waste Management • Vector Control • National Program Coordination
Environmental Monitoring & Risk Assessment

Private Sector Service

Hospitals • Diagnostic Services • Private Physicians & Dentists • Walk-in Clinics • Pharmacies
NGO Services • Other All Monitoring of Disease Statistics Health Services

THE BAHAMAS HEALTH SYSTEM: A BRIEF OVERVIEW

The Commonwealth of the Bahamas is an independent, English-speaking country, located 760 miles south-east from the coast of Florida, USA and northwest to Haiti. It is an archipelago consisting of 700 islands and 2,400 cays with a total land area of 5,358 sq. miles (13,878 km²) and a total sea area of over 100,000 square miles of ocean.

Twenty nine islands are inhabited, with 85% of the population residing on the islands of New Providence and Grand Bahama. All of the other islands are commonly known as the Family Islands. More than 95% of the population lives on just seven of the islands.

The health care system of The Bahamas includes both private and public sectors. The box on page 9 depicts the multiple components of The Bahamas health system, illustrating the intricate linkages between its components and sub-components that must work together in a dynamic way if the system is to be effective.

Ministry of Health

At the helm of the health system is the Ministry of Health (MOH) which is headed by the Minister of Health, Permanent Secretary and Chief Medical Officer. This ministry is the central agency of government responsible for ensuring the overall development and regulation of the total health system of The Bahamas. The Ministry is responsible for setting policy directions, the formulation of national strategic plans for the health sector, general regulatory and licensing functions, monitoring and evaluation, and general oversight of health conditions and services throughout the country.

The statutory bodies for regulations are subcomponents of the system that include, the Medical Council, the Nursing Council, the Dental Council, the Health Professionals Council, the Hospitals and Health Facilities Board, and the Pharmacy Council.

The Health Information and Research Unit, Health Education Division, and Health Planning Unit, are also important sub-components of the MOH.

The MOH also assumes direct responsibilities for the delivery services that fall under specific national health programmes such as those for prevention and control of HIV/AIDS (*The HIV/AIDS Centre*), and substance abuse (*The National Drug Council*).

The Department of Public Health

The Department of Public Health (DPH) is a fully established government department under the Ministry of Health, governed by an executive management committee that includes the Director of Public Health, the Administrator, and the Principal Nursing Officer. DPH has been allocated its own Budget Head in the National Accounts of the general government.

DPH has direct responsibility for the management of community health clinic services throughout New Providence and the Family Islands (excluding Grand Bahama). These encompass 25 health centers/polyclinics (4 on New Providence), 28 main clinics (6 on New Providence) and 33 satellite clinics (all in the Family Islands).

DPH also provides coordination for national health programmes such as maternal and child health, oral health, school health, adolescent health, the Expanded Programme for Immunization (EPI), family planning, food handlers certification and public health nutrition.

Additional responsibilities include domiciliary services in New Providence including post natal home visits and district nursing services, as well as national communicable diseases surveillance, and port health.

The Department of Environmental Health Services

The Department of Environmental Health Services (DEHS), which currently falls under the Ministry of The Environment, is another critical component of the health system. This department collaborates with the Department of Public Health (DPH) in the prevention and control of communicable diseases, with direct responsibility for health inspections, vector control, and management of solid waste and general sanitation, environmental monitoring and risk assessment (BEST commission).

The Public Hospitals Authority

The Public Hospitals Authority (PHA) was established in 1999 as a quasi-government entity governed by a Board of Directors headed by a Chairman. The chief executive of the PHA is the Managing Director, who is assisted by a Senior Executive Committee (SEC).

PHA has responsibility for the management of the three government hospitals: Princess Margaret Hospital, Rand Memorial Hospital and Sandilands Rehabilitation Centre.

In addition to its mandate for public hospitals, the PHA is also charged, under the delegated authority of the Minister of Health, with responsibilities for the management and development of four other areas of the public sector health services system:

- National Emergency Medical Services (NEMS)
- Bahamas National Drug Agency (BNDA)
- Materials Management Directorate (MMD)
- Grand Bahama Health System (GBHS), a local health system which consists of ten community-based clinics in Grand Bahama and surrounding cays, and the Rand Memorial Hospital.

The Princess Margaret Hospital is the country's largest health facility, built in 1952 and providing a comprehensive range of general and specialized services within inpatient and outpatient settings. It is the premier referral centre in the country, acclaimed for its neonatal intensive area capacity (3 wards with a total of 49 cots). Its Accident and Emergency Department, classified as a level one trauma centre, serviced 51,884 patients' visits in 2008-09.

The strength of the Princess Margaret Hospital is its broad range of tertiary services and clinical programmes designed to serve the entire Bahamas (a full list of specialty services for all hospital facilities can be found in Appendix B.)

The facility has a total of 415 inpatient beds, with an overall occupancy rate of 77.2 % in fiscal year 2008-2009. There are two private wards with a total of 31 beds, that average 73% occupancy annually.

Out-patient services activity is very high and includes a general practice/primary care clinic with over 26,000 patient visits annually and specialty clinics with nearly 59,000 visits annually. Dialysis Services provide dialysis services to an increasing number of patients in need of this service through the Dialysis Unit at the PMH and contracted private sector partners.

The hospital's facilities for outpatient rehabilitation therapy services which includes physiotherapy and occupational therapy, as well as speech and language therapy and for outpatient paediatric neurodevelopment services are located off the main compound.

KEY FACTS

Population Profile

Population: Approximately 351,461 people currently live in The Bahamas. About 94% of the population lives on five of the islands, and about 70% of the population lives in Nassau (Census 2010 results), (Department of Statistics, 2011).

Population Growth: The population is projected to grow to approximately 499,000 by 2030. (Medium Term Projections 2000-2030), (Department of Statistics, 2008b).

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, 2008b).

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, 2008b).

Diagnostic Services, which includes Imaging Services, the Laboratory, and Pharmacy Services provide both inpatient and outpatient diagnostic capacity. Imaging services includes a mammogram machine and a 16-slice CT scan machine. The Laboratory Department includes a blood bank and provides services to all public sector service areas in New Providence and the Family Islands (excluding Grand Bahama). Pharmacy services include both inpatient and a high volume outpatient (retail) service.

The institution is continuing to develop its deep history as an academic / teaching hospital for nursing, medical and specific allied health professionals.

The Grand Bahama Health Services (GBHS) encompasses a network of community health and hospital based services on the island of Grand Bahama and surrounding cays, through ten community clinics and the 85-bed Rand Memorial Hospital.

The Rand Memorial Hospital provides general acute care as well as full-time services in selected specialties, including a 12-bed inpatient psychiatric ward (see Appendix B) and diagnostic services. The hospital also serves as a primary health care centre for the Freeport area, with nearly 72,000 annual outpatient visits, including emergency room, general practice and specialty clinics services.

Sandilands Rehabilitation Centre is the Bahamas' national resource for psychiatric, geriatric and substance abuse services. The Centre is located in the eastern district of New Providence on Fox Hill Road and consists primarily of two Hospitals: a geriatric hospital, with 128 beds in five inpatient wards, which cares for the elderly with medical, social and psychiatric prob-

lems, and the psychiatric hospital with 377 beds in nine inpatient psychiatric wards and three substance abuse wards that cares for children, adolescents and adults with mental, physical and addiction challenges.

Outpatient psychiatric clinics and mental health services are provided at specialty clinics within the Princess Margaret Hospital and Sandilands Rehabilitation Centre's Community Counseling & Assessment Centre (CCAC) located on Market Street. Outpatient gerontological services are provided primarily at the Anne's Town Clinic and selected public health clinics in New Providence. Outpatient psychiatric services are also available through the primary health care clinics throughout the Family Islands.

The public sector services, including virtually all of those provided under the Public Hospitals Authority, are fully financed from the central government's budget appropriations agreed by Parliament in the Ministry of Finance's annual budget exercise. The Government of the Bahamas spends about 11% of its total annual public budget on the public healthcare system. Almost 67% of the government's health budget is assigned to the Public Hospitals Authority.

	Grand Bahama	Bimini	Barry Islands	New Providence	Andros	Exuma & Ragged Island	Inagua & Mayaguara	Acklins/Crooked Island Long Cay	Long Island, San Salvador Rum Cay	Cat Island	Eluthera Harbor Island Spanish Walls	Abaco
Health Centers' Poly Clinics	3	1	0	4	3	2	1	2	3	2	4	3
Main Clinics	5	0	1	6	2	3	1	1	1	2	7	4
Satellite Clinics	2	0	0	0	8	1	2	2	7	2	7	4
Private Clinics	17	1	0	80	2	2	0	0	1	0	4	5
RMH Clinics	*											
PMH Clinics												

* PMH and RMH ambulatory services include multispecialty clinics; See Appendix for details on types of clinics available and definitions of Clinic Type Source: MOH Dispersion of Government Health Facilities, Bahamas 2008; Hospital Licensing Board, 2006-2007 (Hard Copy)

The private sector

The private sector component of the health system includes a main private hospital – Doctors Hospital – and a small day-centre – Lyford Cay Hospital. Additionally, there are a myriad of physicians’ offices, walk-in medical clinics, medical laboratories, diagnostic centres, dental services, optician/optometry services, rehabilitation services and pharmacies.

The Hospitals and Health Care Facilities Licensing Board has recorded a total of 291 private health facilities in the country, including 58 clinics, 52 health practices, 99 medical practices, 52 dental practices, 10 laboratories, 3 medical laboratory collection centres and 3 diagnostic facilities.

The Doctors Hospital is a 72-bed modern acute care privately-owned health care facility in Nassau with over 400 employees. There are approximately 150 physicians on staff or with admitting privileges, most of whom are consultants of the Public Hospitals Authority with rights to private practice. There are three operating rooms, one with laminar flow, intensive care unit with eight beds, maternity suite with 14 beds, nuclear medicine and electroencephalography.

Lyford Cay Hospital, which incorporates the Bahamas Heart Institute, is a 12-bed day hospital, including a three-bed coronary care unit and four-bed telemetry unit. Among the units are an operating theatre, x-ray and laboratory as well as an emergency room with a doctor on call 24 hours. Specialist treatment is offered in cardiology, internal medicine, family practice, plastic surgery, gynecology, and stress echocardiography.

Distribution of private health facilities

New Providence	226
Exuma	3
Grand Bahama	38
Andros	2
Eleuthera	11
Long Island	2
Abaco	8
Bimini	1

NGO partners

Various non-governmental organizations, such as the Cancer Society, the Diabetic Association, the Red Cross, the Bahamas Heart Association, the Family Planning Association, and the AIDS Foundation to name a few, work in collaboration with the public and private health sector to augment programme-specific services through resource mobilization, public education and other community outreach activities.

MEETING CHALLENGES AND BUILDING ON SUCCESSES

Meeting challenges

Aging population

Currently about 9% of the population of The Bahamas 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 older 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 ageing.

Health risks for children and youth

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 will increase from 153,000 to 168,000 by 2030.

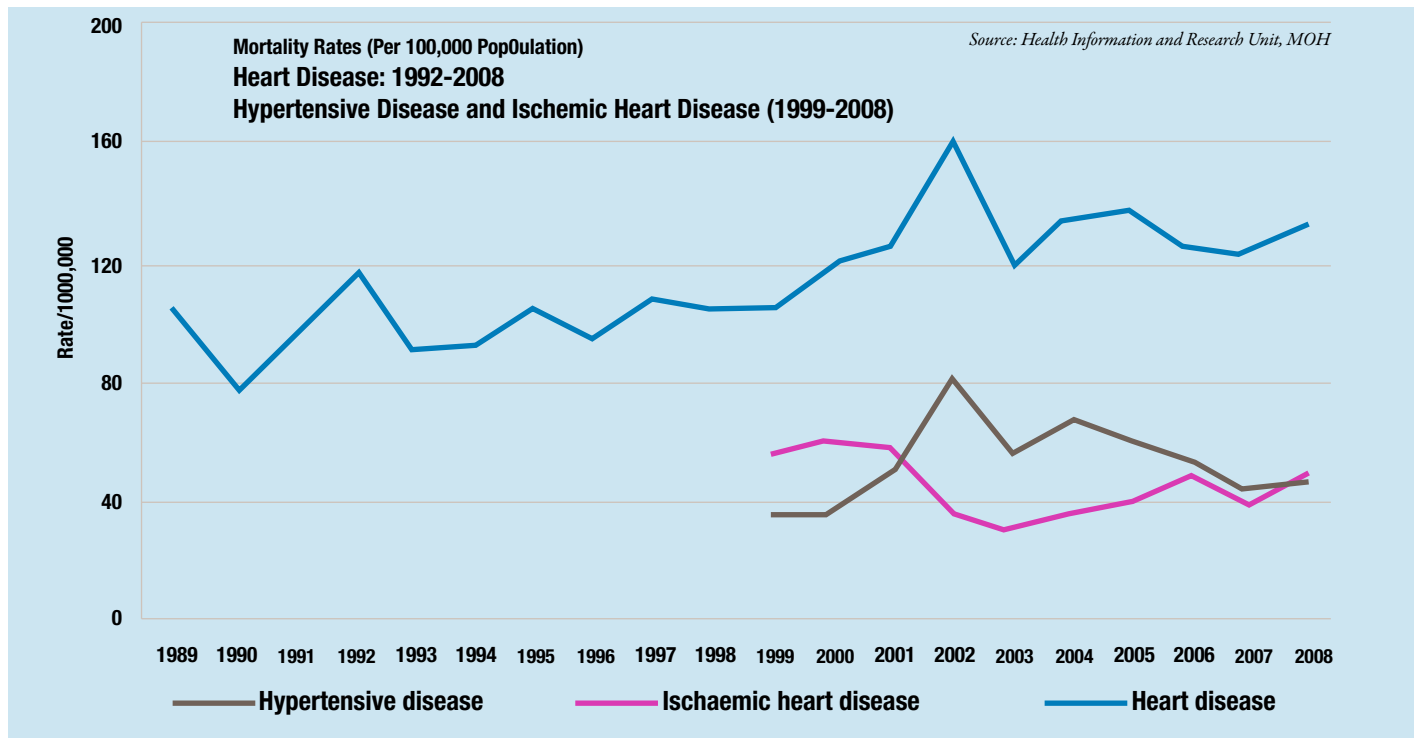
In 2001, 14% of children 2-10 years, and 9% of adolescents (11-20 years) were overweight (Bahamas Living Conditions Survey), (Department of Statistics, 2004) predisposing them to health risks such as diabetes and hypertension as they grow into adulthood.

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 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 burden of chronic non-communicable diseases

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



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 lifestyle 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. (Dahl-Regis, Symonette, 2007).

Chronic non-communicable diseases account for nearly 45% of all deaths in The Bahamas (PAHO, 2007), 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 67% of the total public health expenditures are directed toward hospital-based services, and about 25% goes toward environmental and community health services, including preventative and curative services (Government of The Bahamas, 2010).

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

¹Figure reflects public and private doctors who ever registered with the Medical Council and may include those who are not currently active.

²Figure reflects public and private dentists.

³Registered nurses are for the public sector only.

⁴Includes one who is registered as a dietitian.

⁵Includes 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 Hospital Authority and Department of Public Health

Prepared by: Health Information and Research Unit

Increased demand for services

The geographic location and distribution of the Bahamas Islands presents a key challenge for health care service delivery and impacts accessibility, patient transfers, the scope and mix of services available, and the availability of health professionals to deliver quality and equitable care to all.

Internal migration to urban centers, immigration and the economic downturn have contributed to increased demand on the public health system. Over the last two years, total public outpatient visits increased at a rate faster than the population growth with approximately a 4.5% per year increase in utilization compared to about 1.1% growth in population from 2000 to 2008 (Health Information and Research Unit, MOH.)

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.

Health workforce

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 (Kurt Salmon Associates, 2009).

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

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 skilled 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 workforce to meet the increasing demand for health services.

Partnerships with the education sector will be key to increasing the number of locally trained health professionals by ensuring sufficient high school graduates with the required competencies, and increasing the availability of post-secondary training in nursing and allied health professions.

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. A Family Medicine training programme accredited by the University of The West Indies was established at the Public Hospitals Authority in 2002 has produced nine graduates, with another 16 resident currently enrolled.

Leadership and Accountability

Improving and sustaining an effective and efficient health system will require 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.

Continuity and quality of care

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.

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 pro-

gression 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 reduces costs to the health system.

Information for decision-making

Effective clinical, management and policy decision-making requires quality, comprehensive and meaningful information, and the skills and knowledge to interpret and use this information.

While there have been considerable strides over the last several years in implementing various health information systems, there is 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 must also play a key role in improving access and continuity to care. Telehealth technologies offer great promise for increasing access to specialist services across great distances, and clinical information system can ensure the availability of critical information when required, as well as provide tools that improve quality. A comprehensive ehealth strategy is required to ensure information technology investments are coordinated, integrated and deliver real value.

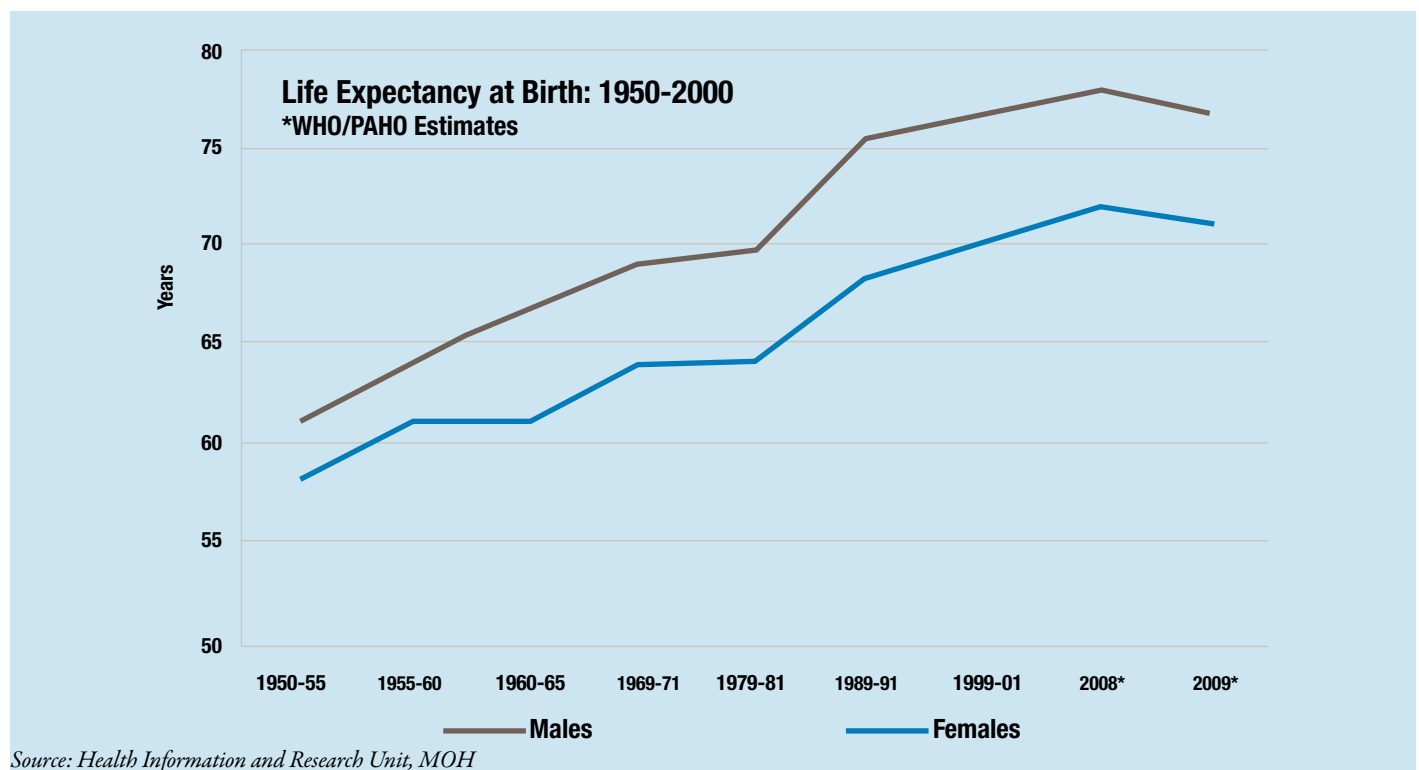
Healthcare facilities

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

Social determinants of health

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 conditions, such as education levels, gender equity, poverty, crime and the environment are often referred to as “social determinants of health.” These social determinants 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.

While The Bahamas has achieved a high level of social development as reflected in generally favorable social indicators, some



social conditions, such as poverty, are not commensurate with the country's relatively high per capita income.

While overall, extreme poverty is low, with only 5.1% of households and 9.3% of individuals falling below the poverty line, 76% of all poor people live in New Providence and Grand Bahama and less than 6% live in the Family Islands.

However, poverty rates are highest in the Family Islands, and on average, the poor in the Family Islands are poorer than the poor in New Providence and Grand Bahama. Based on the Gini Coefficient, a commonly used indicator of inequality, "true inequality" in The Bahamas is likely among the highest in the Caribbean.

An increasing population of migrants, mostly from Haiti, contributes to additional social challenges. While only 17% of the Haitian nationals are among the poor compared to 83% of Bahamians in poverty, 25% of all Haitian nationals live below the poverty line (Department of Statistics, 2004).

Increasing rates of violence and crime put a significant burden on the health system, and have a particularly negative impact on young people. Youth aged 15 to 24 accounted for 65% of all intentional injuries (against others or self) between 1998 and 2007 (Public Hospitals Authority).

Following the lead of WHO and many countries, this plan advocates for a multi-sectoral "health in all policies" approach,

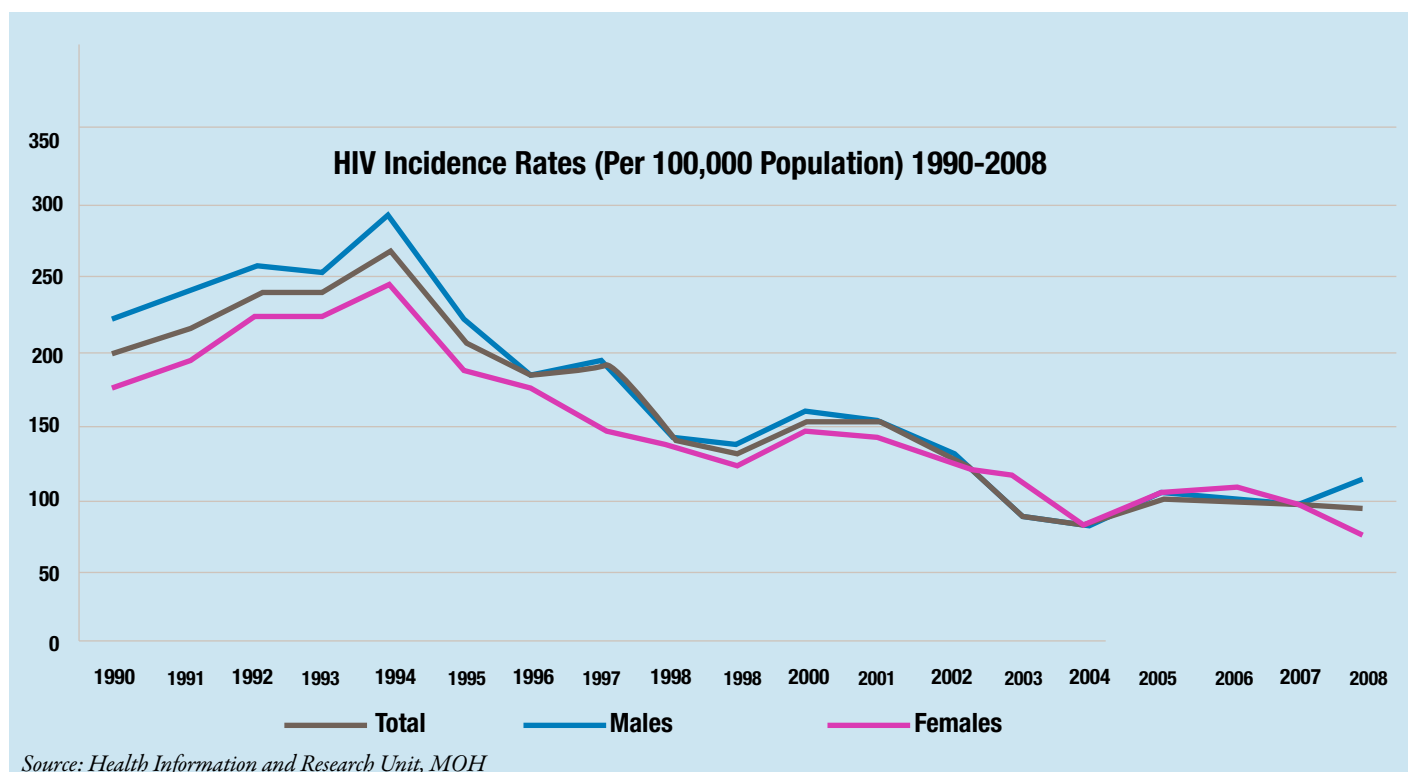
recognizing the role other organizations play in creating the conditions that engender good health. Like many countries, The Bahamas has committed to addressing the Millennium Development Goals (MDGs) set by the United Nations by 2015, as well as a number of global and regional health commitments. Improving 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 the population from health risks arising from communicable disease, climate change, and to respond effectively to natural and man-made disasters.

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.

Funding the system

Investment in health care in The Bahamas is significant. In 2006, total expenditure in health was 7.4% of the 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 which accounts



for approximately 13% of public sector expenditure and is consistent with government expenditure over the past five years (Government of The Bahamas, 2010).

The strategies for improving the health system, improving health outcomes and preparing for the future health needs of the population outlined in the 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 resources permit.

Bahamas Living Conditions Survey, 2001 found that nearly one-half of Bahamians do not have any health insurance and must rely on the public sector for care. Furthermore, the majority of those insured have only minimal coverage. During the fiscal periods 2008 to 2010, the public institutions have experienced a significant increase in the demand for services, which may be due in part to individuals who lost insurance coverage because of 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.

The NHSSP includes actions to identify and assess a range of approaches for raising sufficient and sustainable revenues, including public insurance mechanisms, in order 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 *National Prescription Drug Plan* which, in the first phase of roll-out, covers 165 drugs used in the treatment of 11 chronic non-communicable diseases 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, 2008a).

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. influenza 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 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 in 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).

Other examples of the many successes in improvements in health, including the expansion and availability of specialties and sub-specialties (see Appendix B), the increased availability of advanced diagnostics, such as CT scans, and the implementation of clinical information systems such as a public health information system, a pharmacy information system and a laboratory information system.

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.

GOAL 1: INTER-SECTORAL ACTION FOR PROTECTING AND IMPROVING HEALTH

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 strategies 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.

OVERVIEW OF STRATEGIES

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.

STRATEGIES AND ACTIONS

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

1.1.1 Review and assemble evidence to guide the development of interventions and strategies that address the social determinants of health.

1.1.2 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.

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

1.2.1 Review and assemble evidence to guide the development of population-based disease prevention and health promotion strategies and interventions.

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

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

1.2.4 Educate the public on disease prevention and health promotion issues, and empower citizen support and engagement to drive public policy and investment.

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

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.

1.3.1 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.

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

GOAL 2: INTEGRATED PEOPLE-CENTRED SERVICES FOCUSED ON MAINTAINING HEALTH

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

The current health care model is not meeting the needs of the population. The linkages between other parts of the system do not bring sufficient benefit, leading to timely delays in interventions, client dissatisfaction and is often associated with increasing costs.

We need to change the way the system works by putting people at the center, and re-orient 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 “models of care” framework for re-designing care and services has been developed. The plan provides for actions to further refine, pilot and implement this framework to guide the re-design of care and services across the health system in a consistent and integrated manner.

Currently our system invests heavily in care for people in the later stages of disease. Several of the strategies below focus on approaches to keep people healthy by strengthening health promotion strategies at a national and community level. 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 will 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 may be necessary to re-define the roles of nursing and allied health care

professionals.

We also need to look at other options to increase capacity, including coordinating and partnering with the private and community sectors, and implementing e-health 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. The strategies below put a particular focus on strengthening community-based services

Additionally there is a need for a national, inter-sectoral approach to planning that considers how long-term, physical rehabilitative and supportive care services can work together across the continuum of care.

OVERVIEW OF STRATEGIES

- 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 that 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

STRATEGIES AND ACTIONS

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

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

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

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

2.1.4 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.

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

2.2.1 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.

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

2.2.2 Increase awareness of prevention and promotion services among the public and health care providers, and strengthen referral mechanisms from any point of care.

2.2.3 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 services and programmes to improve access to comprehensive health services that meet the needs of individuals at every stage of life.

2.3.1 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.

2.3.2 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.

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

2.3.4 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.

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

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

2.4.1 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.

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

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

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

2.4.5 Strengthen support to patients and caregivers for self-care and management.

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

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

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

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

2.5.4 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.

2.5.5 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 supportive care.

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

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

2.6.3 Strengthen the delivery and community access to long-term, rehabilitative, and supportive care.

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

2.6.5 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.

GOAL 3: IMPROVED USE OF INFORMATION FOR DECISION-MAKING

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 that have been implemented; ensuring integrated and available information; and increasing capacity for health providers and managers working in the health system to use this information appropriately.

The strategies 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 point of care information. Global best practices have shown that electronic systems can support quality and continuity of services across all levels of care.

Through applied research we can better understand the health situation of the population and identify those solutions that have work best in our health system. We can integrate international research in planning and policy formulation and carrying out the interventions best suited to improve health outcomes in the population of The Bahamas. Continuous research and innovation will drive improvements in practice and standards of care.

OVERVIEW OF STRATEGIES

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.

STRATEGIES AND ACTIONS

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.

3.1.1 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.

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

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

3.1.4 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 - 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.

3.2.1 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.

3.2.2 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.

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

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

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

3.3.3 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.

GOAL 4: A STRENGTHENED HEALTH WORKFORCE

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

Skilled and competent human resources are essential to the successful delivery of care. Securing effective human resources is a serious challenge. The health sector must compete with innovative and adaptive methods to recruit and retain health professionals. The plan calls for identifying the human health resource needs and achieving the national goals of the health sector. The system is poised to benefit from the increased number of health professionals in most areas of the health domain.

We also need to improve the capacity for planning and management of 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 dietitians, pharmacists, 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 nationally, regionally and internationally 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 and cross-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.

OVERVIEW OF STRATEGIES

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.

STRATEGIES AND ACTIONS

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.

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

4.1.2 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.

4.1.3 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.

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

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

4.2.1 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.

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

4.2.4 Increase the cadre and strengthen the role of allied health technicians to ensure allied health professionals can be deployed to their full capacity.

GOAL 5: OPTIMAL USE OF HEALTH TECHNOLOGIES, FACILITIES, INFRASTRUCTURE AND SUPPLIES

Ensured planning, management, accessibility and utilization of health infrastructure and health technologies that are appropriate to the needs of the population to sustain quality care.

A significant portion of the national expenditure on health is directed toward the acquisition and maintenance of health technologies such as medications, medical devices, diagnostic equipment and information technology, facilities, infrastructure and supplies. Furthermore, there is a growing trend towards the utilization of more sophisticated technologies in health.

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 regulation, planning, acquisition, 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 partnerships for investment and delivery of service.

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.

OVERVIEW OF STRATEGIES

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.

STRATEGIES AND ACTIONS

5.1 – Ensure that infrastructural and facility development facilities occur in tandem with expansion of populations, accessibility of care and demand for services. Contain costs and improve efficiency through the rationalized planning, use and deployment of health facilities and infrastructure.

5.1.1 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.

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

5.1.3 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.

5.1.4 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.

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

5.2.1 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.

5.2.2 Formulate national policies and develop guidelines for the rationalized use of health technologies and supplies.

5.2.3 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.

5.2.4 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.

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

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

GOAL 6: ACCOUNTABLE LEADERSHIP AND GOVERNANCE

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

The Bahamian health care system is complex, being unique in many ways. It is multidimensional, multi-faceted, and dispersed both geographically and across agencies. It requires innovative leadership to ensure that we maximize the resources and provide the patient with positive outcomes and empower staff for high performance. Managing this change will require a new style of “transformational” leadership that enhances the motivation, morale and performance of people to drive positive change and impact patient outcomes.

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.

OVERVIEW OF STRATEGIES

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.

STRATEGIES AND ACTIONS

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

6.1.1 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 transformational leadership within the Health Sector, and to provide mentorship for a new generation of leaders.

6.1.2 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.

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

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

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

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

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

6.3.2 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.

6.3.3 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.

GOAL 7: A SUSTAINABLE HEALTH SYSTEM

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 must ensure that all Bahamians have access to equitable and quality health services and improve the experience of patients and families that receive care and services.

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.

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.

OVERVIEW OF STRATEGIES

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.

STRATEGIES AND ACTIONS

7.1 - Implement strategies to health sector reform.

7.1.1 Establish a Task Force to assess strengths, challenges and performance of the current governance and organizational structures in the public healthcare sector.

7.1.2 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.

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

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

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

7.2.2 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.

7.2.3 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.

7.2.4 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.

7.2.5 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.

APPENDIX A: OUTCOME, PERFORMANCE AND PROCESS INDICATORS

Outcome Indicators

Participatory Health System

Increased Life Expectancy

Reduced Mortality/Morbidity of Chronic Non Communicable Diseases

Millennium Development Goals (eg. HIV/TB/ENVIRO/ Gini Coefficient)

Increased Budgetary Allocation for Social Programmes

Performance Indicators

Health in All Policy and Healthy Lifestyle

Risk-Pooling Mechanism for Health Care

Participatory Health Sector

Decentralized Health Sector

Performance-based and Accountable Health Sector

Millennium Development Goals (Reduce Child Mortality, Improve Maternal Health, Combat HIV/AIDS, Malaria and other diseases and Develop a global partnership for Development)

Manage Chronic Non Communicable Diseases (Reduce early Diabetes, Mortality Disability, and Mental Health)

Budgetary Allocations reflect Health priorities

New Model of Care/ Medical Improvement Act

Client Satisfaction

APPENDIX B: SPECIALTY SERVICES BY HOSPITAL

Public facilities

Princess Margaret Hospital

- Anaesthesiology
- Cardiology
- Cardiovascular Surgery
- Core Laboratory Services
- Critical Care
- Dentistry
- Dermatology
- Ear Nose and Throat (ENT)
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology
- General Surgery
- Gynaecological Oncology
- HIV Reference Laboratory
- Imaging & Diagnostic Services
- Infectious Diseases
- Internal Medicine
- Medical Oncology
- Neonatology
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics & Gynaecology Ophthalmology
- Oral Maxillofacial Surgery
- Orthopaedic Surgery
- Paediatrics
- Paediatric Cardiology
- Paediatric Emergency
- Paediatric Emergency Medicine re
- Pathology, Podiatry
- Paediatric Neonatology
- Paediatric Neurology
- Paediatric Oncology
- Plastic Surgery
- Pulmonary Medicine
- Rehabilitative Services
- Rheumatology
- Radiology
- Surgical Oncology
- Urology

Rand Memorial Hospital

- Obstetrics & Gynaecology
- Nephrology
- Internal Medicine
- General Surgery
- Anaesthesia
- Paediatrics
- Psychiatry
- Emergency Medicine
- Pathology
- Infectious Diseases
- Radiology
- Dentistry
- Ophthalmology
- Critical Care
- Orthopaedics
- Visiting specialists:
- Urology
- Ear/Nose & Throat
- Oncology

Sandilands Rehabilitation Hospital

- Gerontology
- Psychiatry
- Nutrition Services
- Mental Health
- Substance abuse
- General Dentistry

Private facilities**Doctor's Hospital**

Emergency Medicine
Ear, Nose and Throat
General Surgery
Orthopaedic Surgery
Obstetrics and Gynaecology
Ophthalmology

Internal Medicine
Family Medicine
Gastroenterology
Urology
Cardiology
Cardiovascular Surgery
Paediatrics

Lyford Cay Hospital

Cardiology
Internal Medicine
Family Practice

Plastic Surgery
Gynaecology
Stress Echocardiography

APPENDIX C: ABBREVIATIONS AND GLOSSARY OF TERMS

AIDS – Acquired Immune Deficiency Syndrome	PAHO – Pan American Health Organization
ARVs – Anti-Retro Viral Treatment	PHA – Public Hospitals Authority
BLCS – Basic Living Conditions Survey	PMH – Princess Margaret Hospital
BNDA – Bahamas National Drug Agency	SEC – Senior Executive Council
CCAC – Community Counselling and Assessment Center	WHO - World Health Organization
CNCD – Chronic Non-Communicable Diseases	
CT Scan – Computed Typography Scanning	
DEHS – Department of Environment Health Services	
DPH – Department of Public Health	
EPI - Expanded Programme on Immunization	
GBHS – Grand Bahama Health Services	
GDP – Gross Domestic Product	
HIRU – Health Information and Research Unit	
HIV- Human Immunodeficiency Virus	
IDB – Inter-American Development Bank	
MDGs – Millennium Development Goals	
MMD – Materials Management Directorate	
MOH- Ministry of Health	
NEMA – National Emergency Management Agency	
NEMS – National Emergency Medical Services	
NGO’s – non Governmental Organizations	
NHA – National Health Accounts	
NHSSP – National Health Services Strategic Plan	

GLOSSARY OF TERMS

Quality – meeting and/or exceeding the needs and legitimate expectations of the customers (both internal and external)

Effective – capable of producing a specific and desired result/outcome

Efficient – achieving maximum productivity with minimum wasted effort or expense

Competent – the right person with the right skills executing the right function

Health Reform - Strategic and evolutionary change in health organizations

Decentralization - the transfer of decision making authority from policy to operational levels in organizations

- Devolution
- De-concentration

Reorganization - incremental changes in responsibility and accountability within existing regulations

Restructuring - larger changes requiring legislative restructuring

Healthy Cities – creating and improving physical and social environments and expanding community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential

Risk-pooling – the risk related to financing health interventions borne by all members of the pool and not by each individual contributor.

Indicators – provide evidence that a certain condition exists or certain results have or have not been achieved.

Outcome – measures the broader results achieved through the provision of goods and services.

Performance/Output – answers the question, “What is being achieved?” and measures the quality of goods and services being produced and the efficiency of production (i.e., number of people served) within time boundaries.

Process Indicator – answers the question, “How is the achievement being made?” and measures ways in which programmes, services and goods are provided (i.e., error rates)

The Gini coefficient - is a measure of statistical dispersion developed by the Italian statistician and sociologist Corrado Gini and published in his 1912 paper “Variability and Mutability” (Italian: *Variabilità e mutabilità*). The Gini coefficient is a measure of the inequality of a distribution, a value of 0 expressing total equality and a value of 1 maximal inequality. It has found application in the study of inequalities in disciplines as diverse as sociology, economics, health science, ecology, chemistry and engineering. It is commonly used as a measure of inequality of income or wealth Worldwide.

Millennium Development Goals –

- End of Poverty
- Universal Education
- Gender Equality
- Child Health
- Maternal Health
- Combat HIV/AIDS
- Environmental Sustainability
- Global Partnership

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