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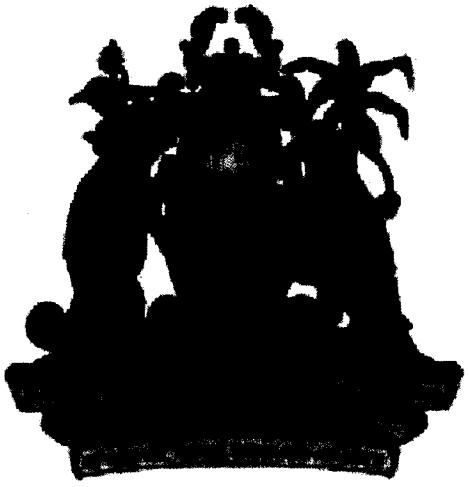
GRENADA

NATIONAL STRATEGIC PLAN FOR HEALTH

(2007-2011)



Health for Economic Growth and Human Development

December 2006

PREFACE BY PRIME MINISTER AND/OR MINISTER OF HEALTH

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1. INTRODUCTION

1.1 What is Strategic Planning?

Strategic planning provides a broad directional framework for policy implementation in an organisation. It is a **process** of defining, implementing and evaluating, strategies to achieve the goals of an organisation. The strategic plan is considered to be the most important plan, providing guidance for more detailed and short-term operational or programme plans.

The process of strategic health planning involves incorporating the values that the Government holds for the health of the population with the goals of the health sector using available resources and specific techniques to determine the content of the strategic plan. The process of strategic planning is far from simple and requires that participants in the planning process develop a common vision and understanding of concepts in planning. [For further details on Planning concepts see: Grenada - National Strategic Plan for Health (2007 – 2011): **CONCEPT PAPER** – Health for Economic Growth and Human Development (October 2005).]

The Grenada - National Strategic Plan for Health will involve the whole country in setting priorities and a direction for improving health status of the population.

1.2 Strategic Health Planning in Grenada

In 2004, the Cabinet appointed a Steering Committee to oversee and advise the Ministry of Health, Social Security, Environment and Ecclesiastical Relations in matters related to the development of a National Strategic Plan for Health. With financial support from the Caribbean Development Bank (CDB) and technical support from PAHO, the Ministry of Health and the Steering Committee, in September 2005, launched the process of consultation and analysis of the health situation in the country, towards the development of its National Strategic Plan for Health. For the development of this plan the Ministry of Health defined the following guiding principles:

- Putting health on the development agenda by recognising the mutual dependence of health and development and the need to translate their recognition into action;
- Supporting the Government's Approach to Integrated Planning for Development;
- Promoting an understanding of "determinants of health" and how they don't work/exist in isolation but must work together to contribute to national health and development;
- Promoting the concept of "Value for Money/Better Quality Health Services"; and
- Recognising the integral role of stakeholders by involving them through consultations, working groups, alliances, and other methods that facilitate their participation.

In addition, the Government of Grenada acknowledged through its agreement of the Caribbean Charter for Health Promotion (1994) that the health status of the population is shaped by their social, economic and physical environments and not only by their health care and personal practices. The Caribbean Charter for Health Promotion outlines the following strategies which have been considered in the development of this National Strategic Plan for Health:

- Formulating healthy public policy;
- Reorienting health services;
- Empowering communities to achieve well-being;
- Creating supportive environments;
- Developing/increasing personal health skills; and
- Building alliances with special emphasis on the media.

In keeping with the principles and strategies that govern the Caribbean Charter for Health Promotion and The Caribbean Cooperation in Health Phase II, the Government of Grenada accepts that health is much more than the prevention and reduction of disease but is a resource for national productivity and development. With a view that investment in a health population is an asset for national development, the Ministry of Health has proclaimed its theme for the National Strategic Plan for Health (2007-2011) to be **Health for Economic Growth and Development**

Human

1.3 A National Strategic Plan for Health

The features of the Grenada - National Strategic Plan for Health include:

- the goal to impact positively on health status and not only on health services;
- the Ministry of Health as having the overall responsibility for maintaining and protecting the health status of the population through health service delivery, health promotion, and as an advocate for health;
- the Ministry of Health developing partnerships with other organisations (public and private) that have an impact on the health of the population and/or provide health services;
- broad priorities and objectives over a long-term – details, including exact costs and staff numbers, are not included in a strategic plan;
- a set of objectives for the next five years which have been determined through broad consultation;
- a recognition that the objectives set out in the plan will be prioritised based on resources, capacity to implement and needs of the population;

1.4 Challenges to Strategic Health Planning in Grenada

This plan aims to target developments in health care and health systems which will maintain and improve the health status of Grenadians over the next five years. It is impossible to predict precisely the changing context in which the plan is developed. It is also impossible to forecast exact funding into the health sector despite the introduction of a multi-year fiscal framework from the Ministry of Finance. For this reason the plan should be flexible enough to accommodate challenges and emerging opportunities that face the health sector during the period 2007-2011. For example, while the epidemiological profile remained relatively similar over the last decade, some emerging and re-emerging diseases will require public health intervention. It is however possible to anticipate some challenges which will impact on the level of implementation of the plan. These have been identified in the plan and are set out as medium and long term priorities in section 6 of this document.

The plan is developed within the context of the Caribbean Charter of Health Promotion however the concept of Health Promotion as identified in the Charter is in its early stages of development and internalisation in Grenada. It is therefore feasible to develop this plan to work towards building capacity in Health Promotion and looking towards subsequent plans to build on previous development.

This plan is also considered to be a plan for Health, which requires an intersectoral approach to health. The systems for supporting the implementation of the plan (resource allocation and management responsibility) are however set in individual government Ministries. This is a challenge for planning for health at an intersectoral level as individual ministries and other stakeholders inevitably have other strategic priorities. It therefore remains the responsibility of the Ministry of Health to take the lead in advocating for Health at a national level. This is not an easy task to achieve when resources are focused at achieving operational activities.

The development of planning capacity within the Ministry of Health will also require time to achieve especially where operational and strategic planning responsibility is shared by the same group. It is inevitable that operational issues will seek precedence over strategic issues and with a national policy of zero growth in public sector personnel the implementation of the strategic plan may be affected.

Other examples of challenges in the development of the strategic plan are the gap between raw data and useful information to support planning and an absence of health needs assessment. Filling these information gaps will require time and resources, and may have a constraining effect on the implementation of the plan. The recent effects of Hurricane Ivan and then Hurricane Emily left a trail of damage in Grenada and on its population which has taken resources, which would have otherwise been allocated to operational expenditure, to the rebuilding of the country. Such unexpected natural disasters certainly change national priorities including those in a strategic health plan.

1.4.1 Limitations of the Plan

This plan is only a document and forms part of the strategic planning process which involves defining the health situation, formulation of the Plan, appropriate approval, dissemination, implementation (including monitoring), evaluation and updating of the plan.

2. PROCESS FOR DEVELOPING THIS PLAN

2.1 The Context

This plan is developed within the context of a national initiative for a Public Service Management Improvement Project (PSMIP) and the Ministry's of Health recognition of the need for, and subsequent activities of strategic planning.

One component of the PSMIP includes the development of strategic management systems for use by public sector managers. An essential component of these systems is a multi-year fiscal framework which will inform budget estimates for 3-5 years. It is intended that Ministries, including the Ministry of Health, will develop plans for programmes over this period with knowledge of the level of financial resources to be allocated from the Ministry of Finance.

Two other initiatives which have the potential to impact on strategic health planning are the proposed Social Development Management Information System (SDMIS) and the establishment of the Agency for Reconstruction and Development (ARD). The SDMIS is intended to be a national mechanism for social policy management. Under the responsibility of the Ministry of Finance, this system will provide more effective monitoring of social development and progress in Grenada with indicators focusing on the following six priority areas:

- Human Resource Development;
- Quality Health Care;
- Poverty Reduction and Elimination;
- Rural Development;
- Sustainable Use of the Physical Environment; and
- Gender Equity

As part of the strategic planning exercise the Ministry of Health needed to identify how it will respond to improving these indicators.

Following Hurricane Ivan in September 2004, The Agency for Reconstruction and Development was established in 2005 under the support of a National Council for Reconstruction and Development. With its motto "*Build Back Better*" the ARD channels development assistance to support rebuilding of infrastructure, social and economic recovery. This agency is of particular importance to the Ministry of Health in rebuilding and/or repairs to health infrastructure as a result of damage caused by Hurricane Ivan.

At a regional level this plan is supported by the Pan American Health Organisation – Office of the Eastern Caribbean and the Caribbean Development Bank as regional partners. The plan is developed within the context of regional agreements including but not limited to: Caribbean Charter on Health Promotion; the Caribbean Single Market and Economy; and The St George's Declaration of Principles for Environmental Sustainability in OECS.

This plan also responds to international strategies and agreements that impact directly or indirectly on health and development including:

- Grenada's health sector responsibility for addressing the Millennium Development Goals including reducing child mortality, improving maternal health, combating HIV/AIDS and other diseases and ensuring environmental sustainability.
- Strengthening of Essential Public Health Functions as a means to improving the health of the population and ultimately contributing towards increased productivity and poverty reduction.
- An approach for building the human resources capacity required for implementing this plan. This responds to the Toronto Call to Action – Towards a Decade of Human Resources in Health for the Americas 2006-2015.

2.2 Strategic Planning Process in the Ministry of Health

The development of this plan is built on experiences of a previous attempt, in 2000, when a draft National Strategic Plan for Health (2001-2005) was produced. The plan did not progress further than a draft document as key participants in the process reported a number of restraining issues which hindered the further formulation and implementation of the plan, among these issues were:

- An unclear understanding of the processes for strategic health planning;
- Limited capacity in strategic planning;
- Varying levels of commitment to planning;
- A general view of strategic planning as an exercise in futility if not supported by financial and human resources;
- Unclear linkages of a strategic plan with budgeting mechanisms;
- Non–existent processes for monitoring and evaluation of annual plans, with no hope of being able to monitor strategic/long term plans;
- Slow decision making to influence policy in support of strategic planning; and
- Lack of information systems to support planning.

The Ministry of Health however remains committed to strategic planning. This commitment is illustrated by the Ministry's involvement in other external activities including the National Public Sector Improvement Programme and the regional Caribbean Cooperation in Health.

Following Hurricane Ivan in 2004, PAHO's support for the Ministry of Health included a workshop to assess the health situation, to plan for the reconstruction of facilities and services and to influence continued development of the health system. The Cabinet subsequently appointed a Steering Committee to oversee and advise on the formulation of a National Strategic Plan for Health. The Steering Committee emphasised the need for participatory planning by building on the experiences and knowledge of stakeholders rather than imposing solutions from within. In July 2005, the Ministry of Health recruited The Nuffield Centre for International Health and Development, University of Leeds to facilitate the strategic planning process and to provide technical assistance in planning.

In September 2005, a formal launch of the plan initiated a process of reviewing the health context, profile and system in Grenada. This review was conducted by the consultant from the University of Leeds with the support from the Planning Officer (Ag) – Ministry of Health. A Concept Paper, including a Communication Strategy was the first output from meetings (with key public sector officials and private sector partners) and documentary analysis. This paper provided an overview of strategic planning, a review of strategic and operational planning in the Ministry of Health, and a proposal for the development of the

National Strategic Plan for Health (2007-2011). A Draft Situational Analysis was produced providing a descriptive analysis of specific country characteristics that have an effect on health. It also provided an overview of the population's health status, discussed the features of the health services and the systems which support the provision of health care in Grenada.

The Concept Paper and Draft Situational Analysis were used in November 2005 as the basis for discussions in a planning workshop and national consultation. The planning workshop was held with members of the Steering Committee (NHSP), the Planning Committee and the Policy Committee which consisted of senior managers and programme managers in the Ministry of Health. During the two days of the workshop participants identified a list of priorities for the health sector. This list was developed through individual's knowledge and experience in the health sector, in addition to information provided in the Draft Situational Analysis. Participants also commented on the Draft Situational Analysis and this was later updated by the consultants from the University of Leeds. Priorities were grouped into themes and on the second day participants developed workable objectives to address each priority area, and strategies to achieve the objectives. Finally, a planning exercise was conducted for the national consultation, facilitators were identified among participants and their roles as group facilitators were discussed.

One week after the planning workshop a two day national consultation was held with the objectives to outline the process of developing a NSPH and to identify priorities for the health sector in Grenada. A wide range of stakeholders were invited to the consultation including: health workers in the public sector; representatives from other Ministries that have an impact on health; NGOs involved in health and health services; representatives from the private health services; religious organisations; representatives from St George's University; trade unions; and organisations representing women, youth and/or the elderly. The consultation was however dominated by workers from the public health sector with a small representation from other sectors. The consultation was launched by an address from the Minister of Health, who committed the support from the political directorate. In addition, a representative from PAHO extended the organisation's continued technical support to Grenada and especially towards the development of the strategic plan. The consultants provided an overview of the strategic planning process, the draft situational analysis and reported on the outputs from the planning workshop. This ensured that participants had similar information on the health situation in order to develop priorities for planning. As with the planning workshop, participants worked in groups to identify priorities for the health sector. The priorities were grouped into five themes (Health Issues, Health Services, Management and Systems, Resources and Environmental Issues). On the second day, participants were grouped by theme and developed broad strategies to be included into the strategic plan.

Priorities for the Health Sector and strategies to address these priorities were compiled from the two meetings to provide an outline for the content of the strategic plan. This outline was discussed and agreed upon by the planning committee at the Ministry of Health. The key themes, which form the outline of the NSPH, are outlined in section 5 of this document. The outline of the NSPH was presented to the Cabinet, following which drafts of the National Strategic Plan for Health (2007-2011) were submitted to the Ministry of Health for discussion. A final version of the plan will be submitted following discussions and agreements from Ministry of Health. A popular version of the plan will also be produced for the population of Grenada.

3 SUMMARY OF SITUATIONAL ANALYSIS

3.1 Area, Demography and Political Characteristics

Grenada is a tri-island state comprising the islands of Grenada, Carriacou and Petit Martinique with a total land area of 133 sq. miles. The climate is tropical: hot and humid, and Grenada occasionally suffers from hurricanes. The most recent storms to hit have been Hurricane Ivan in September 2004 and Hurricane Emily in July 2005.

Grenada gained independence from the United Kingdom in 1974 and currently has a stable democratic political environment with a Westminster-style parliament. The bicameral Parliament consists of the Senate (a 13-member body) and the House of Representatives (15 seats; members are elected by popular vote to serve five-year terms). The last elections were held in November 2003, the New National Party (NNP) formed the leading political party with 8 seats and the opposition was form by the National Democratic Congress (NDC) with 7 seats in the House of Representatives.

The estimated population and growth rate in 2005 was 106,027 and 0.2% respectively. The population structure illustrates a relatively high dependency on the 15-65 age group (54.9%), with 34.7% below the age of 15years and 10.32% - 65 years and over. In 2005, 50% of the population resided in the capital St. George's compared with 33.5% in 1991. The ethnic composition of the population is Black (85%), Mixed (11%), and East Indian (3%). Religious affiliations as a percentage of population are Roman Catholic (53.1%), Anglican (13.9%), Seventh Day Adventist (8.6%) and Pentecostal (7.2%).

3.2 Socio-Economic Situation

The 2005 UNDP - Human Development Index ranked Grenada 66th of the 177 nations. This ranking reflect positive changes in infant mortality rates and adult literacy. It is however important to assess this ranking in terms of other socio-economic indicators, in particular a comparatively high unemployment rate and poverty rate, at 18.8% and 31 % respectively.

Grenada's economy is based on agriculture (nutmeg, mace, cocoa, and bananas) and tourism. Agriculture accounts for over half of merchandise exports, and a large portion of the population is employed directly or indirectly in agriculture. Recent performance in the agricultural sector has not been good with a decline in banana exports and damage from Hurricane Ivan in 2004 and again by Hurricane Emily in July 2005. Tourism remains the main earner of foreign exchange. In 2004, the GDP - composition by sector was; ***Services 84.9%*** (Mining 0.7%; Electricity and Water 5.7%; Construction 9.6%; Wholesale/Retail 11.1%; Hotel/Tourism 7.7%; Transport 14.4%; Communications 13.2%; Banking 12.6%; Real Estate 3.7%; Government services 14.1%; Other 2.6%; less service charge 10.5%); ***Industry: 6.5%; and Agriculture: 8.6%.*** For 2004 and 2005, the growth rate of the economy was reported at -3.02% and 1.9% respectively. Economic growth projected for 2006, 2007 and 2008 are at 7.0%, 5.4% and 4.5% respectively. These projections are fuelled by expected growth in construction, and recovery in tourism and agriculture following the decline in these areas following Hurricane Ivan (2004).

The labour force in 2001 was estimated at approximately 67,761 (65.7% of population). 73% of this is employed, 7.7% under-employed, and 18.8% unemployed. Unemployment is considerably higher among women, youths (15-29 yrs) and rural citizens: 12.4 % of

men compared to 26.3% of women are unemployed; 21.9% of men between 15-29 years and 35.4% of women in this age group are unemployed. The unemployment rate for the age group 30-49 years is lower than for the 15-29 age group (7% of men and 23.2% of women are unemployed in the age group 30-49 years); 19% of population is unemployed/rural dwellers compared to 14.3% of population unemployed/urban dwellers.

A Poverty Assessment Survey conducted in Grenada in 1998 revealed that 31 percent of the population is poor. The poverty line is estimated per adult at a daily rate of US$ 3.37. 51% of persons under the poverty line are women. Those who are in the greatest need for health care are likely to be the most underprivileged in society. There is a possibility that health services may not be responding to specific groups, especially, the poor, women, youth and the unemployed. Access to safe water and sanitation remains a problem for poor families in Grenada especially among squatters who account for 11.5% of households in the country.

In 2002, the adult literacy rate was estimated at 94.4% of the population. There was a student-to-teacher ratio of 25:1 in the 58 public primary schools and 22:1 in the 19 secondary schools in 2002-3. There are 14 private primary schools. The pass rate for common entrance examination continues to border around 40%, while that for school-leaving exam remains at 20%. Pass rates for secondary school students taking the Caribbean Exam Council (CXC) examination from 2001 to 2005 ranged between 62% and 67% of all secondary school students.

3.3 Health Situation

Grenadians enjoy a relatively stable health status: infant mortality ranged between 12.5 and 19.6 (deaths per 1,000 births) from 1998 to 2002; maternal mortality rate has been zero for four years; death rates range from 7.0 to 8.7 (per 1,000 population) from 1998 to 2002; life expectancy is 68 years for men and 72 years for women (comparable to developed countries); and the total fertility rate in 2004 averaged 2.4 children per woman of childbearing age. Compared to other countries in the Eastern Caribbean, health status indicators of Grenadians are in the mid-range.

The leading causes of death between 1998 and 2002 were diseases of the circulatory system (including pulmonary circulation and other forms of heart disease, cerebrovascular disease); malignant neoplasms; diseases of the respiratory system; and certain infections and parasitic diseases. Deaths as a result of accidents and injuries have doubled during this period and is second to deaths of the circulatory system which have increased four-fold from 1989-2002.

Community Services utilisation data indicate that diabetes mellitus (1,196 cases), hypertensive disease (1,611 cases), upper respiratory infections (960 cases), arthritis (240 cases) and injuries (784 cases) were the leading causes of morbidity reported by adults using these services in 2004. Of persons screened in 2004 by the district health services, 11.6% were diagnosed with diabetes mellitus (226/1,953) and 7.2% with hypertension (316/4,382). Most injuries seen occurred in the home (730 cases) while traffic injuries accounted for 54 cases. Examination of hospital discharges by diseases among the major non-communicable diseases (which also accounts for the high mortality) indicated that women were more affected than men. Admissions to hospital were greatest in persons older than 45 years of age.

A review of communicable diseases shows a decline in tuberculosis from 17 to 6 cases between 1980 and 2004. No deaths from dengue were reported in 2003 and 2004. The number of dengue cases between 2002 and 2004 were 310, 17 and 8. The high number of dengue cases in 2002 resulted from an increase in mosquitoes following heavy rainfall that year. Sexually transmitted diseases seem to have increased slowly in the population as illustrated by surveillance of hospital data and community services data. At mid-year 2005 the cumulative number of reported HIV-infected persons 197 (less than 1% of the population) with a male-to-female ratio of 2.5:1. At mid-year 2005 the cumulative number of deaths from AIDS – 155: 113 males, 42 females. The number of syphilis cases has dropped from 54 in 1996 to 11 cases in 2002, a reduction of almost 80%. The number of gonorrhoea cases remained relatively stable with 112 cases in 1996 and 101 cases in 2002.

Infants under 1 year of age Neonatal mortality rate for 2002 was 12.1 per 1,000 live births. Between 2000 and 2002 the leading causes of neonatal deaths were congenital anomalies of the heart and circulatory system, hypoxia, birth asphyxia, other respiratory conditions, fetal malnutrition and immaturity. Hospital discharge data (2001-2004) for this age group indicates other causes of morbidity include; intestinal infectious diseases, infectious and parasitic diseases, nutritional deficiencies, and pulmonary diseases (including bronchitis, chronic emphysema and asthma). In 1995, the Ministry of Health (MoH) instituted a campaign to encourage more breast-feeding. In the following year 34% of infants seen at child health clinics had been solely breast-fed. In 2004, a small change has been noticed, with 39% of infants seen at child health clinics in the community having been solely breast-fed in the first three months. Immunisation coverage for the period 2002 and 2003 was over 95% of this age group. In 2004 however, the rate was lower at approximately 80%, as a result of disruptions in health services following Hurricane Ivan.

Children 1-4 years of age Deaths among children of this age group have decreased over the last decade. From 1992-1995 there were 27 deaths and for the period of 1997-1999 there were 17 deaths. In 2000 and 2002, the number of deaths in this age group was 1 and 2 respectively. The causes of death in this age group during the 1990s was diseases of the nervous system, the respiratory system and the digestive system, however for 2000-2002 accidents and injuries were the cause of death. The main causes of childhood morbidity (1-4 years) were acute respiratory infections, gastro-enteritis, skin diseases and diarrhoea. Community services conduct haemoglobin screening for one year olds. In 2004, 20.8% (552) of one year olds who visited clinics were screened. Of this number, 62.1% had haemoglobin levels below normal and 41.7% were given iron supplements. 48 (0.08% of children aged 1-4 years seen at clinics) were identified with abnormal weight.

School Children (5-9 years of age) In the age group 5–9 years old, 17 children died between 1996 and 1999. The cause of death included, accidents and injuries, and diseases of the respiratory system. There were no deaths in this age group between 2000 and 2002. The main causes for morbidity reported by community health services for children 5-19 years old in 2004 were upper respiratory tract infection (1,303 cases), skin conditions (1,210), and eye infections (177 cases). A similar pattern existed for 2003. In 2004, dental services provided for children 5-19 years at health centres reported that 2,238 children were seen for the first time. 99.3% were identified with problems and 95.2% were treated.

Health of Adolescents (10-19yrs) In 2002, there were 2 deaths in the 10-14 year age group and 2 deaths in the 15-19 year age group (cause of death was accidents and injuries). While accidents and injuries continue to be the main cause of morbidity and

mortality, teenage pregnancy and substance abuse have been identified as potential health risks. Between 1992 and 2000, teenage pregnancies ranged from 13% to 21% of total births. No data were available on abortions however anecdotal evidence suggests that this is a problem affecting the sexual and reproductive health of women and adolescent females. A study conducted in a private clinic, in 1994, suggests that for every 400 live births to teenagers, there are approximately 200 abortions. There is no consistent information on substance abuse for adolescents in the country. However in 2002, a "Secondary School Drug Prevalence Study" revealed that while substance use was generally low, alcohol followed by marijuana were the most common substances used. The use of other drugs (cocaine, stimulants, tranquillisers, methamphetamine, etc) was not significant in this study. A separate survey revealed a low use of tobacco among this age group, 26.9% of 13-15 year olds tried smoking at least once, with 8.3% being regular smokers.

Women In Grenada community health services focus mainly on maternal and child health, and medical clinics that respond to the elderly (with greater utilisation by women) for complications from non-communicable diseases. In the past four years, 100% of births were attended by a trained health professional and there were no maternal deaths. In 2004, 99% (1789 deliveries) were conducted in a health facility and 1% were home deliveries. Only 2% of deliveries were conducted in private clinics with the majority (75%) of deliveries in public facilities at the General Hospital. The new General Hospital attracts women to use this facility because it provides better conditions have continuous staff cover when compared to other facilities. In 2004 and 2003, there were 30 caesarean sections (1.7% of total deliveries) and 26 caesarean sections (1.1% of total deliveries) respectively conducted in the general hospital. Family planning and cervical smear screening services are provided through district health services as well as through the Grenada Planned Parenthood Association. Other health screening for women is limited. There is screening at postnatal clinics for anaemia, at general health clinics there is also limited screening of blood sugar. Obesity has been reported as a concern for women's health, and in particular among mothers.

Men From 2001 to 2004 men accounted for higher utilisation of hospital services (compared to women) for injuries from work place and road traffic accidents. Hospital discharges for males from accidents and injuries increased from 2.1% in 2001 to 6.3% of male discharges in 2004. Men also account for the highest percentage of admissions to the Carlton House for drug and alcohol abuse treatment. Community health services utilisation data show men utilise services far less than women (only 33% of first visits to community services in 2004 were by men). This low utilisation is caused by: working men preference to use private GPs, a curative rather than a preventive health seeking behaviour, clinics opening hours which prohibit working men from attending; and the fact that many services are orientated to mothers and children.

Elderly There are 13 homes that care for the elderly (government assisted, public and private), and a non-governmental organisation also works in the community for the elderly. Diabetes, hypertension, and coronary or cardiovascular diseases and their complications primarily affect the older population however, chronic disease management is a major challenge. This includes the referral to and from hospital and the provision of integrated chronic disease clinics in the community. It is expected that in the next decade more than 10% of the population will be over the age of 65. In addition, if management of chronic diseases starts at the onset (usually age 40 – 50 years) and in the next decade

between 20 – 25% of the population will be over 50 years of age, then there is the potential for greater demand for chronic disease care both at the community and hospital level.

Health Risks Given the above, the main concerns and cause of ill health and death in Grenada are related to: poor dietary habits, in particular before and after pregnancy; poor fetal development; early childhood malnutrition; poor chronic disease management; accident and injuries; drug and alcohol use; and (to some extent) unsafe sexual practices. Causal factors for cancer are not known for Grenada. In addition, a number of environmental factors have an impact on the health of the population, some of which are well known and are addressed (e.g. sanitation and water supply, and protection of water containment to control dengue). Mental health of the population is now higher on the health policy agenda though many of the factors which affect the mental health of the population are hidden and/or unknown.

Injuries as a result of road traffic accidents

The number of road traffic accidents has increased from 794 in 1993 to 1,506 in 2003 and hospital admissions, as a result of road traffic accidents, have almost doubled from 53 admissions in 1992 to 91 admissions in 2004.

Workplace accidents

National Insurance Scheme data and anecdotal reports indicate a high incidence of traumatic injuries associated with occupational accidents, especially in the construction industry, retail trades, restaurants/hotels and manufacturing sectors. Risk factors identified in the workplace include physical overload, muscular/skeletal stress, psychological stress and ergonomic risk. Pesticide hazards and respiratory illness have also been highlighted as areas of concern. Grenada also lacks comprehensive health and safety legislation to respond effectively to the risks identified.

Accidents in the home

For 2004, 730 home (mostly among children) injuries were seen at Community Health Services, accounting for 7% of all clinic visits for the year.

Obesity

Obesity is higher among the female population as seen by the cases of obesity reported by community services and also by the utilisation of hospital services for chronic non-communicable diseases. This is similar to other countries in the Region and the problem of obesity was highlighted as a priority in the Report of the Caribbean Commission on Health and Development (2006). The report indicated that obesity increased in the female population in the Caribbean from 20% (in 1970s) to slightly under 60% (in 1990s). This increase is much lower in the male population but still cause for concern as obesity in men increased from 5% (in 1970s) to about 22% (in 1990s).

Drug Use

The Government of Grenada recognises the devastating effect of substance abuse on the population and the economy, and is committed to reducing drug use and drug-related crime through the implementation of the National Anti-Drug Master Plan 2004-2008. The main drugs used include alcohol, marijuana and cocaine/crack (From 1989 to 2004, there were 3,696 arrests for possession of marijuana and 813 arrests for possession of cocaine/crack). Alcohol misuse causes a number of social problems and also results in injuries requiring hospital care. In extreme cases alcohol misuse leads to admissions to Carlton House – drug rehabilitation centre (In 2004, 57% of admission were for alcohol misuse). The major challenge has been the destruction of the Carlton House following Hurricane Ivan when the facility was closed. Plans are being developed for the reconstruction of the facility.

Mental health

A review of mental health status and services in the country was conducted (in 2005) which resulted in the development of a Mental Health Policy - with the aim of extending a better quality service (including care in the community). Mount Gay Hospital is the main facility that provides acute care services for the mentally ill. In addition, the general hospital admits patients for "suicides and self-inflicted injuries" which have mental health implication. Those with self-inflicted injuries are referred to psychiatric services though this is limited in the community and is provided by staff from the Mount Gay Hospital. Community psychiatric services reported that 2,206 and 2,000 visits were made in 2003 and 2004 respectively. Services for behaviourally disturbed teens – both male and female are provided in residential sites in the community, at Tufton Hall and Sapodilla Home respectively. Regular psychiatric consultations to these facilities are not in place. Social services also report that domestic violence/abuse is a concern for mental health of the family, particularly women and children.

3.4 The Health System and its Organisation

The MOH has overall responsibility for policy formulation, planning, programming, regulation, vital statistics, expenditure control, and management of health personnel. It carries out its activities through three functional areas: administration, hospital services, community services and the environment, with the Permanent Secretary (PS) at the head and the Chief Medical Officer as the principal technical officer. A Policy Committee meets regularly and deals with both operational and policy issues.

Health services are provided mainly through a network of public facilities including: 3 acute care hospitals (The General Hospital – 240 beds; Princes Alice Hospital – 56 beds currently 20 beds; Princess Royal Hospital (In Carriacou) – 40 beds); 1 mental hospital (Mt Gay Hospital); 20 bed Acute Psychiatric Unit attached to the General Hospital (currently located at the Mount Gay Hospital to facilitate construction of the General Hospital); 1 rehabilitation centre (Carlton House), 1 home for the elderly (Richmond Home); 6 health centres; and 30 health stations. The strengthening of hospital management systems is seen as a key component of this NSPH. There is a limited referral system between community services and hospitals, and patients attending clinics in the community referred to Accident & Emergency (A&E) department for admission to hospitals. As a result, many people go directly to A&E which results in long waiting times. In 2004, there were 8,313 admissions at the General Hospital, with an average length of stay of 6.6 days and a bed occupancy rate of 73%. Princess Alice Hospital has limited diagnostic services; all x-rays and laboratory services are provided at the General Hospital requiring patients to be transferred. As a result occupancy of the hospital has an average annual occupancy rate of approximately 60%. The hospital received extensive damage from Hurricane Ivan and is currently operating at a 20-bed capacity. Princess Royal is located on the Island of Carriacou and serves a population of approximately 7,000, which includes Petit Martinique. Services provided include paediatrics, obstetrics and gynaecology, a treatment centre (minor injuries) and pharmacy. A major constraint to medical services in Carriacou has been the inability to retain doctors who cover both hospital and community services. In 2005, the MoH was able to secure two foreign doctors on contract. It is expected that with constant medical coverage at facilities utilisation of hospital services will increase.

Community Health Services are provided through 6 health centres, 30 medical stations, and home visits. In 2004, there were 10 District Medical Officers, 10 Community Health

Nurses, 40 District Nurses, 5 Family Nurse Practitioners, 45 Community Health Aides, 12 Pharmacists, 8 Dentists, 2 Social Workers and 7 Environmental Health Officers. Services provided include; district nursing, school nursing, family planning, medical clinics/office, chronic disease clinics, pharmacy, health education, maternal and child health services, dental services and psychiatric clinics. Major concerns for community health services were identified by staff and users to include, long waiting times at clinics, lack of co-ordinated and integrated care, and a lack of confidence in community services resulting in clients going to A&E services in the General Hospital or attending private clinics. The re-establishment of primary care teams was identified as a priority. Environmental health services are also provided through the MoH and works closely with the community. In addition, the MoH set up a Department of the Environment to achieve the goal of ensuring that development in Grenada is environmentally sustainable.

There is an increase in the use of private health services because of a perception of better quality of care. Private services are dominated by single practitioner clinics; many of these doctors also work for public health services. There are two small private clinics with in-patient beds, a diagnostic facility and the General Hospital has a private ward where patients pay the hospital for their stay and consultants charge an additional and separate fee to the patient. There are no NGOs providing in-patient care in Grenada; however many NGOs participate in health promotion and protection activities. PAHO and St George's University are two partners that provide technical support to the MoH.

Financial Resources The health sector received approximately 12% of the annual Government recurrent budget for the period 2000 – 2005, which represents between 3.5% and 4.5% of GDP. In 2005, recurrent budget estimates for the MoH was $EC 50,951,129. Recurrent expenditure in health increased on an annual basis during the same period. In 2005, the recurrent health budget was increased from 2004 to offset increased spending as a result of Hurricane Ivan, despite a small decline in national recurrent expenditure. There is extremely limited information on expenditure on private health services and there are no National Health Accounts. However the MoF estimated that for 2002, private health expenditure was 1.7% of GDP, with total health expenditure (public and private) was 5.7% of GDP. For the same year, per capita expenditure for health was $741 (EC): ($522 per capita in public health sector and $119 per capita in the private health sector).

Hospitals account for approximately 46% of recurrent expenditure. The General Hospital alone accounts for approximately 40% of total MoH recurrent expenditure and approximately 70% of total hospital expenditure. Community health services including environmental health and dental department accounts for approximately 26% of total recurrent expenditure. Wages and salaries in the public health sector account for approximately 70% of health expenditure.

The MoH collects revenue through user fees (with exemptions for the elderly, children and indigent) at hospitals for some diagnostic services and for the private rooms accounting for approximately 0.5% of total government annual revenue. Funds collected by the MoH go into the consolidated funds and not to the facilities that collects the fees. There are problems in fee collections as not all patients who are required to pay fees do pay. In addition, specialists who use private rooms do not pay the hospital for using this facility.

Personnel In 2002, the country had 8.1 physicians per 10,000 population - the same ratio for 1997. Similarly, the ratio for nurses (19.5 per 10,000 population) and dentists (1.1 per

10,000 population) remained constant at 1997 levels. In 1998, there were 6.9 pharmacists and 0.75 nutritionist per 10,000 population. A local school of pharmacy and nursing trains nurses and pharmacists. The St. George's University School of Medicine offers an undergraduate program with majors in Basic Medical Science and Medical Technology. St. George's University School of Medicine provides annual scholarships to Grenadian nationals and is continually developing new programmes.

Key challenges for health personnel in Grenada include the ability to retain medical practitioners, nursing staff and medical administrators (especially a Chief Medical Officer). The MoH is also constrained by the lack of succession planning for its staff, especially specialist medical and administrative staff, which is evident by the lack of staff training plans. The Government currently has "zero growth" policy for new personnel. It is also difficult to determine whether the current staff numbers and categories meet the requirements for current service provision. In addition, other staff issues impact on the current attendance and utilisation of staff. For example, the granting of private practice privileges to consultants, specialists, District Medical Officers and dental surgeons has raised concern of adequate coverage by these professionals. Nursing staff are attracted to offers from developed countries and threatens the potential supply of nurses for Grenada.

Health Sector Development In 1997, Health Sector Reform in Grenada formed part of the second phase of a larger Public Sector Development Programme. The reform was viewed as a set of long term objectives and responsibility for implementation was placed in the MoH. Progress of each of the elements in the reform was dependent on human resource capability and financing. As a result various levels of implementation were identified. The components the reform included: Establishment of two autonomous bodies to manage Hospital Services and Solid Waste Management; Re-organisation of the community health care system; Investigation of alternative sector financing; Modernization of hospital and primary care facilities; Development of human resources; and Institutional strengthening.

Effects of Hurricane Ivan and Emily on Health Services On 7th September 2004, Grenada was hit by a category 4 hurricane (Hurricane Ivan). Damage from the hurricane resulted in 28 people reported dead, 353 people hospitalised, 90% of housing damaged and 30,000 people homeless. Approximately 68% of health facilities and services were affected with an estimated cost of repairs at EC $8.1 Million. For this reason the 2004 corporate plan focused mainly on the rebuilding of damage facilities and restoration of services. In addition, the Ministry of Housing and Ministry of Social Development implemented an Emergency Housing Policy to reduce suffering (including mental health), inconvenience and vulnerability of people by assisting them to repair and replace houses damaged or destroyed.

4.0 HEALTH SECTOR VISION

4.1 Vision of Health Sector

In the Prime Minister's address "Vision for the Millennium" to the nation on 31st December 1999, he looked to the future for a better Grenada. He declared the coming decade as the "knowledge enhancement decade" and, as part of this national enhancement, looked to the population and the government to assist in developing "a health service second to none in the Caribbean".

The vision of a health sector should recognise that the health status of a population is shaped by its social, physical and economic environment and not only by the health services it receives. The health of the nation is not only the responsibility of a Ministry of Health, but includes other ministries, non-government organisations, private sector and individuals. In addition, most countries have agreed (through the Ottawa Charter for Health Promotion) that the health of a population should be seen as a resource for national development. With a healthy population, the potential for production and economic growth is increased.

Accordingly, the Vision for the Health Sector in Grenada is:

> ***To improve the quality of life through improved health status thus ensuring that individuals, families and communities attain and maintain a state of optimum wellness.***

Mission of Ministry of Health

While the responsibility for the health of the population is not only that of a Ministry of Health, this organisation is considered to be the custodian of the nation's health. In addition to provision of health services, it should have other roles including regulation, advocacy, prevention and promotion of health. The mission of the Ministry of Health should set out certain underlying principles upon which the organisation functions. Many countries tend to agree on some essential principles (including equity, accessibility, and efficiency) which define their strategic intention.

The Mission Statement for the Ministry of Health Grenada is:

> ***To promote health and provide health care services that are appropriate, affordable, accessible and sustainable, through an efficient health system and by utilising suitably qualified and motivated staff committed to excellence and professionalism.***

Goals of the Grenada National Strategic Plan for Health

The government accepts that health is much more than the prevention or reduction of disease and includes protection and promotion of the "*physical, emotional and spiritual well-being*" of the population. In addition, it views health as a resource for national development. It is expected that, as the health of the population is maintained and improved, the labour force would be strengthened to contribute towards the economic growth of the country. As such the theme for this National Strategic Plan for Health is "**Health for Economic Growth and Development**".

The Government of Grenada is also a signatory to the Caribbean Charter for Health Promotion and is committed to the Primary Care Approach as a means to improving the health of the population. These principles provide the basis for the goals of the National Strategic Plan for Health.

The goals of the National Strategic Plan for Health are as follows:

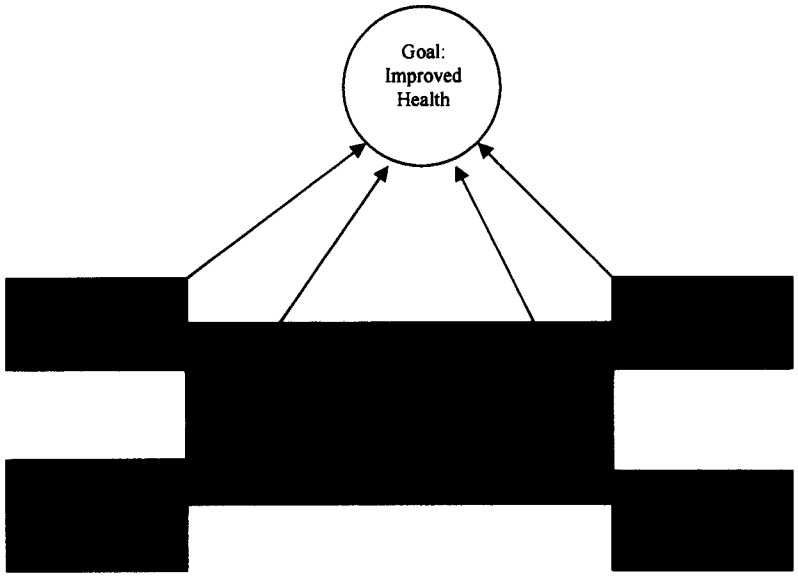
- To develop a health system that has a focus on primary health care to promote health and wellness in the population using an intersectoral approach;
- To provide quality health care services by suitably trained, motivated and professional workers using appropriate technology;
- To expand the health care network by encouraging collaboration between the public and private sectors, NGOs, and the community in the efficient and equitable delivery of health services, and formation of health public policy;
- To enable access to appropriate and affordable health care to a satisfied population; and
- To introduce and facilitate, the health setting (island, community, worksite, schools, and hospitals) concepts.

5. PRIORITY STRATEGIC AREAS

5.1 Overview of NSPH (2007-2011)

As outlined in the "Strategic Planning Process" (Section 2.2) priorities for the development of the NSPH (2007-2011) were developed through a process of consultation with senior managers from the Ministry of Health in addition to other key stakeholders in the society. This process was also supported by evidence provided through a "Situational Analysis". A number of issues emerged from this process of evidence-based consultation and these issues were grouped into five key themes which were used to develop the structure of the NSPH. The five themes identified and agreed by the Planning Committee are: Health Issues, Health Service Issues, Management and Health Systems, Resources for Health and Wider Determinants of Health. These issues together have an impact on Health and cannot be developed in isolation. As a result, these themes could be divided differently and there is inevitably overlap between them. This inter-relationship between the themes is illustrated in Figure 1 below.

Figure 1: Inter-relationship between themes of the Grenada – HSPH (2007-2011)



The priority areas identified for each theme are as follows:

Health Issues

Non Communicable Diseases (Chronic, Acute, Cancer, Mental Health)
Communicable Diseases
Reproductive and Child Health
Health care of the Elderly
Accidents and Injuries
Occupational Health

Health Service Issues

Quality of Care
Community Health Services
Hospital Services

Specialist Services

Management and Health Systems
Health Systems Structure
Management of Public Health System
Legislative Framework
Health Planning
Procurement and Inventory

Resources for Health
Health Financing
Human Resources Management and Development
Information Systems
Acquisition and Maintenance of Equipment
Infrastructure

Wider Determinants of Health
Environmental Health Issues
Environmental Protection

The plan will outline details for each theme in turn. For each priority area the key issues will be outlined. Objectives, strategies and performance indicators will then be provided to address the issue or combination of issues.

It is recognised that strategies to address one issue may overlap or be related to strategies for another issue. As such, linkages will be built into strategies to indicate where there is overlap with other strategies. In addition, it is recognised that strategies in one theme must be consistent with those in another theme. Therefore, if services are to be developed consideration should be taken for the availability of resources required to develop such services.

5.2 *Health Issues*

Issue	Objectives (policy)	Strategies	Performance Indicators
Leading cause of morbidity and mortality: • Diseases of the circulatory system including: cardiovascular and other heart diseases; hypertension • Endocrine and metabolic diseases including; diabetes • Respiratory disease; • Arthritis. • (Obesity/Nutrition/ lifestyle as a leading cause for some chronic – non communicable diseases.	• To reduce morbidity and mortality of Chronic Non-Communicable Diseases. • Strengthen Drugs for the Needy Programme.	**Preventive and promotive strategies** • Promote healthy lifestyles to delay the onset or reduce the incidence of chronic diseases such as diabetes, cardiovascular diseases, cancer. • Physical activity to be mandatory at all levels of education. • Address obesity/nutrition/physical activity through enhanced school health programme. • Collaboration with Ministry of Education, Ministry of Agriculture, Ministry of Sports and Culture and other stakeholders to develop holistic programme re: nutrition, exercise, screening for diseases e.g. diabetes and anaemia **Curative strategies** • Develop and use standard protocols in treatment of chronic (non-communicable diseases) • Reactivate Primary Health Care Teams in the management of non- communicable diseases. • Ensure the availability of resources in the management of non-communicable (chronic) disease e.g. availability of testing supplies, drugs. • Ensure the availability of drugs for the elderly in the management of chronic non-communicable diseases. • Ministry of Health collaboration and support NGO's involved in the prevention and control of chronic non-communicable diseases (e.g. Diabetic Association, Cancer Society, Heart Foundation etc.) **Support services**	• Reduced mortality rates in the long-term from Chronic Non-Communicable diseases. • Existence of an operational referral system. • Availability of free drugs to the needy for control of key non-communicable diseases. • Increased activities in school health programme. • Increased collaboration with other ministries and stakeholders • Increase population's awareness of diet, nutrition and physical activity as a leading cause for non-communicable diseases. • Existence of Primary Health Care Teams. • Existence of protocols and resources for treating chronic non-communicable diseases. • Improved information systems. • Existence of a diabetic and hypertensive registry in the community.

		• Functioning information system. • In service training for community health workers. • Identification of diabetics and hypertensive patients by developing national database. • Functioning referral system. • Develop rehabilitation services	

Issue	Objectives (policy)	Strategies	Performance Indicators
• Acute respiratory infections. See: 5.2.5 - Communicable Diseases for other chronic/acute diseases of respiratory system (TB).	• Improve access and quality of care at community health services. • Provide services for early detection and treatment of respiratory diseases, resulting in lower hospital admissions.	**Preventive and promotive strategies** • Identify causes for outbreaks of respiratory infections through short-term public health investigations and respond accordingly. • Encourage use of community health services for early detection and treatments of respiratory infections. **Curative strategies** • Reactivate Primary Health Care Teams. • Promote safe and rational use of drugs (including antibiotics). • Develop standard protocols in treatment of diseases in collaboration with stakeholders. **Support services** • Strengthen system for investigation and reporting on respiratory infections. • In service training for community health workers. • Functioning referral system.	• Reduced hospital admissions for respiratory infections. • Early detection and treatment of respiratory diseases in the community. • Existence of Primary Health Care Teams. • Programmes for safe and rational use drugs. • Existence of protocols and resources for treating chronic non-communicable diseases. • Number of community health workers trained • Existence of a functional referral system

Issue	Objectives (policy)	Strategies	Performance Indicators

• Cancer as a leading cause of morbidity and mortality, in particular cancer of the prostate, digestive organs, lymphoid and haematopoietic tissue, breast, uterus and ovaries.	• Promote healthy lifestyles including no-smoking for the prevention of certain cancers. • Improve services for screening and treatment of cancer.	**Preventive and promotive strategies** • Establish screening programmes including breast examination, pap smears and screening for prostate cancer in men. • Develop and enhance health education programmes for cancer screening including; education of men re: prostrate cancer, education of women re: breast examination and pap smears. • Develop health promotion programmes for improved lifestyle (diet/nutrition and exercise) and no-smoking. **Curative strategies** • Develop of cost-effective and timely diagnostic services (in collaboration with private sector and regional partners). • Develop timely treatment for post-diagnosis of cancer in collaboration with Regional (Caribbean) Partners. • Ensure availability of drugs for treatment of certain cancers. • Develop appropriate palliative care. **Support services** • Development of cancer registry ensuring levels of confidentiality within the system. • Collaboration between public and private sectors to ensure reporting. • Training in cancer screening. • Develop linkages with Regional Partners to support cancer treatment.	• Existence of cancer screening programmes in the community and general hospital. • Existence of health education and health promotion programmes for cancer screening and cancer prevention. • Availability of cost effective and timely diagnostic services. • Availability of appropriate treatment, post-diagnosis. • Existence of a cancer registry. • Regional linkages for cancer treatment.

Issue	Objectives (policy)	Strategies	Performance Indicators
• Limited and isolated mental health services. • Limited out-patient	• Reduce the burden of mental disorders. • Develop and implement a national	**Preventive and promotive strategies** • Revise the current mental health legislation to meet international standards.	• Existence of a national mental health policy and plan. • Updated mental health

management • Stigma among health professionals and community against mentally ill. • Stress as a result of social conditions. • Children with phobias • Substance abuse • Outdated legislation • Overcrowding at mental health hospital • Inadequate staffing (see 5.5.2 - Human Resources Development & Management)	mental health policy and plan, including a national mental health training program for all sectors. • Develop new and updated mental health legislation that protects the human rights of the mentally ill and provides a framework for their effective treatment. • Provide equitable access to quality evidence based mental health care. • Develop integrated mental health services; widely available in the community; cross-cultural, and which meet the mental health needs of the population.	• Training in mental health competencies provided to relevant health professionals and other professionals (e.g. police force) • Development and delivery of an educational program designed to reduce the stigma against the mentally ill and targeted primarily at other health professionals and policy makers and secondarily at the community. • Development and use of counselling programmes (including in schools) **Curative strategies** • Improvement of facilities used to house the mentally ill. • Provision of rehabilitation services for the mentally ill, both in the community and in the mental hospital including community based housing. • Development of speciality services such as child and adolescent, forensic and geriatric psychiatry and improved liaison with other institutions/sectors serving these populations. • Integration of mental health into primary care/community services (See also: section 5.3.1 – Quality of Care). • Enhance the supply of essential psychotropic compounds and establish guidelines for their clinical use. • Improve liaison with other stakeholders (and community groups) in the care of the mentally ill. • Develop community based mental health services. **Support services** • Strengthen mental health responsibilities within the Ministry of Health including, policy, planning, steering standards, budgeting, ands evaluation of services. • Development and implementation of an appropriate information system for mental health.	legislation. • Integrated mental health services. • Existence of community based mental health services. • Health professionals trained in mental health. • Existence of health education programmes to reduce stigma against the mentally ill. • Improved facilities for providing inpatient mental health care. • Existence of speciality services. • Availability of psychotropic compounds and guidelines for use. • Number of collaborative partners in care of mentally ill. • Functional health information system.

Issue	Objectives (policy)	Strategies	Performance Indicators
Main emerging and re-emerging communicable diseases: • HIV/AIDS and other STIs • TB • Dengue • SARs/Asian Influenza/ West Niles disease/ Malaria/Thyphoid • Other issues: • Immunisation (see also section 5.2.6 – Reproductive and Child Health) • Hospital acquired infections (see also 5.3.1 – Quality of Care; and 5.3.3 – Hospital Services) • Parasitic infections and other environmentally related conditions (see also section 5.6.1 – Environmental Health Services).	• Prevent and reduce the spread of communicable diseases, including parasitic infections, affecting the population. • Provide early detection of, and treat communicable diseases. • Prevent and control the transmission of STI's/HIV/AIDS including the implementation of the National HIV/AIDS strategy. • Reduce morbidity of environmentally related condition (including parasitic infections).	**Preventive strategies** • Develop and implement awareness programmes to teach persons how to protect themselves against communicable diseases, including using innovative ways to educate including popular theatre. • Collaboration with other ministries and stakeholders in the reduction of communicable diseases (e.g. collaborate with Ministry of Tourism in implementation of the National Tourism Plan, in the control of communicable diseases). • Maintain strong and effective immunisation programme. • Develop and distribute national guidelines on integrated disease surveillance, epidemic control and early warning systems. • Implement systematic infection control strategy for all health facilities. • Promote good personal, household and institutional hygiene and sanitation (see also section 5.6.1 – Environmental Health Services). **Curative strategies** • Update and/or develop treatment guidelines. • Provide free Anti-retroviral drugs. • Scale up active case finding, treatment of infected TB patients and contact tracing. • Strengthen collaboration with Regional partners (including CAREC) in the diagnosis and treatment of dengue. • Improve management of patients with HIV/AIDS ensuring confidentiality. **Support services** • Strengthen and integrate surveillance systems for communicable diseases (including emerging diseases). • Provide training on use integrated surveillance systems. • Expand capacity of laboratory. • Collaborate with relevant stakeholder (e.g. SGU, UWI,	• Reduced incidence of communicable diseases. • Reports – including re-activated CMO report. • Number and diversity of awareness programmes • Number of collaborative partners, - MoUs • Integrated surveillance systems • Existence of infection control strategy • Updated and new treatment guidelines. • Immunisation coverage to be maintained at present rates. • Increase in use of diagnostic services (labs).

		CAREC) in prevention, diagnosis, treatment and control activities. • Ensure availability of equipment and appropriate staff to make early diagnosis and treatment of communicable diseases.	
Issue	**Objectives (policy)**	**Strategies**	**Performance Indicators**
• Health of infants (including IMR) • Immunisations • Anaemia in mothers and infants • Nutritional deficiencies in infants • Obesity in mothers and children • Maternal health and family planning • Domestic violence • Teenage pregnancies • School health • Accidents and injuries among children • Respiratory infections in children	• Develop and implement mother and baby-friendly policies. • Deliver appropriate and comprehensive reproductive health services. • Provide, in collaboration with NGO's, accessible adolescent sexual and reproductive health services. • Reduce neonatal, infant and child morbidity and mortality. • Prevent and manage consequences of malnutrition. • Ensure appropriate and accessible family planning services.	**Preventive and promotive strategies** • Develop standards and protocols for pre and post natal care in the community. • Provide consistent health education programmes and primary care services in all health centres. • Promote breast feeding among infants. • Intensify services to improve the nutritional status of pregnant women, infants and children. • Develop strategies in collaboration with other ministries (Social Services, Prime Minister's Office etc) to address teenage pregnancies and other social issues affecting the sexual health of women. • Enhance services for Planned Parenthood, screening (pap tests, breast examinations etc.) in collaboration with Grenada Planned Parenthood Association. • Enhance school health programme linked to primary care services in the community. • Continue activities for the eradication and elimination of vaccine preventable diseases in conjunction with Regional partners particularly PAHO. • Develop partnerships with other ministries and non-governmental organisations in providing health promotion programmes on youth issues (e.g. physical activity, diet, sexual health, drug use, accident prevention) **Curative strategies**	• Reduced maternal morbidity. • Reduced hospitalisation in the prenatal period. • Reduced neonatal, infant and child morbidity and mortality. • Existence of appropriate and accessible family planning services. • Number of collaborative partners in activities to address reproductive and child health. • Existence of standards and protocols of reproductive and child health at all levels of care. • Number of working partners and health promotion programmes for youth. • Expanded child health programmes and child friendly services. • Improved physical infrastructure of maternity services with appropriate staffing. • Training sessions at the

		• Deliver essential clinical care in the community utilising hospitals services through an established referral system. • Improve physical infrastructure of maternity units in districts, particularly in the north of Grenada, and promote utilisation of these maternity units. • Develop standard and protocols for paediatric services at general hospitals with appropriate links to district hospitals and community services. • Enhance child-friendly facilities at all hospitals, including separate wards for children. • Ensure hospitals and maternity units become "baby-friendly" **Support services** • In-service training of workers in pre and post natal care, including nutrition of mothers and infants. • Develop reporting system for incidents of violence against women and children in collaboration with Ministry of Social Services. • Ensure adequate coverage of midwifery care in district maternity units. • Collaborate with other Ministries (including Agriculture, Community Development, Marketing and National Importing Board) to ensure food security. (See also section 5.6.1 – Environmental Health Services)	community level for enhanced community services and school health programme. • No of health workers trained in pre and post natal care. • Reports on domestic violence • Availability of midwives in the community • Number of collaborative partners and health promotion programmes for ensuring food safety.
Issue	**Objectives (policy)**	**Strategies**	**Performance Indicators**
• Treatment and management of Non-Communicable Diseases for the elderly (diabetes, hypertension, heart diseases and other	• Improve the management of Non-Communicable Diseases among the elderly. • Develop a referral system that will result in a better quality health services for the elderly.	**Preventive and promotive strategies** • Promote healthy lifestyle for the elderly including appropriate hospital referral. • Collaborate with the Ministry of Social Services to co-ordinate health and social services for the elderly (including addressing isolation among the elderly).	• Existence of integrated chronic disease clinics. • Increased referrals between health and social services in the care of the elderly. • Increased referrals from

resulting complications) • Weak linkages with Ministry of Social Services • Long-term care of the elderly	• Strengthen Drugs for the Needy Programme, ensuring access to appropriate drugs for the elderly. • Co-ordinate health and social services for the elderly providing a better quality of life. • Implement and monitor policy for the elderly and standards for Nursing Homes for the elderly (in collaboration with stakeholders) • Improve quality of long term care of the elderly. • Implement, monitor and evaluate policies and standards to govern geriatric homes and care of the elderly.	• Provide integrated chronic disease clinics for the management of non-communicable diseases in the community (including promotion and provision of nutrition, eye and foot care). • Collaborate with and support NGO's in the care of the elderly, particularly in the management of non-communicable diseases. **Curative strategies** • Improve eye care, especially for glaucoma and cataracts, in collaboration with NGO's and other Regional partners. • Improve services and facilities for long term psycho-geriatric care with appropriate linkages with community mental health services. • Improve palliative care services in general and district hospitals. **Support services** • Ensure availability of drugs for the elderly (In particular for the management of chronic non-communicable diseases). • Establish a referral system • Reactivate Primary Health Care team (Chronic Disease Management Committee) to implement integrated chronic non-communicable disease management. • Sensitivity training of health staff to improve quality of services provided to the elderly. • Develop and implement a medic alert system for assisting the elderly	hospital to community services. • Reduced amputations as a result of diabetic complications. • Increased number of interventions (e.g. cataracts surgeries) for eye care. • Improved quality services in long-term care of the elderly. • Availability of affordable drugs for the elderly. • Existence of referral system and primary health care team in community health services. • Number of sensitivity training sessions for health staff.

Issue	Objectives (policy)	Strategies	Performance Indicators
• Accidents in the home, particularly among children.	• Reduce morbidity and mortality rates resulting from accidents and injuries.	**Preventive and promotive strategies** • Promote safety in the home through awareness of and reduction of potential risk.	• Reduced morbidity and mortality of injuries resulting from RTAs.

• Road traffic accidents (RTAs) • Workplace accidents (see section 5.2.9 - Occupational Health) • Violence among men and anti-social behaviour • Accidental poisoning	• Collaborate with relevant stakeholders to introduce and enforce legislation to prevent injuries from RTAs.	• Develop policies and/or legislation which include a health risk assessment. • Advocate for placement and maintenance of road signs, walkways and mirrors in an effort to reduce injuries from RTAs. • Develop linkages with Ministry of Social Service and Ministry of Education to protect children from domestic violence and abuse. • Develop partnerships with police in advocating for reduction of violence and anti-social behaviour. **Curative strategies** • Ensure responsive and efficient Accident and Emergency services in hospitals. • Establishment of a Poison Control Centre (General Hospital) to provide information poisonous substances and antidotes. **Support services** • Develop an effective ambulance (para-medical) system to respond to accidents and injuries (including a communication system linked to the general hospital). • Collaborate with stakeholders in developing and implementing a training programme in first aid.	• Reduced incidence of workplace injuries. • Number of health promotion programmes in the community and schools on raising awareness of risk and reducing injuries in the home. • Policies which include health risk assessment. • Partnerships and health promotion programmes with police for reduction in violence. • Shorter waiting times at A&E for serious injuries. • Existence of a poison control centre. • Existence of a responsive ambulance service. • Number of training programmes in first aid.

Issue	Objectives (policy)	Strategies	Performance Indicators
• Workers' health / and Safety • Inadequate health and safety legislation • Poor working environment (e.g. lack of public facilities for health	• Promote workers health by establishing health promotion programmes, prevent occupational accidents and/or diseases, and improve the general working environment • Develop occupational and safety	**Preventive and promotive strategies** • Advocate for healthy working environments. • Develop and implement awareness programmes on health and safety issues in conjunction with Ministry of Labour. • Integrate health and safety (workers health) into national plans and policies. • Ensure safety of health workers from abuse by patients.	• Revised legislation • Improved working environment through monitoring by the Environmental Health Department. • Existence of programmes to

workers). • Lack of safety regulations and equipment in the workplace including health facilities.	programme for all health workers in conjunction with national health and safety legislation. • Formulate and adopt applicable laws and regulations in keeping with international occupational health standards. • Reduce work-related injuries and occupational related illnesses. • Develop linkages with Ministries of Agriculture, Works and other stakeholders to address workplace injuries.	**Curative strategies** • Enhanced ambulance service to respond to workplace accidents and injuries requiring medical attention. **Support services** • Enhance health information system to record occupational related injuries and occupational related illness seen at public health facilities, to feed into national database on work place accidents and injuries kept at National Insurance Scheme (NIS). • Provide training for workers, health professionals and employers in health and safety. • Identify focal point for health and safety in the Environmental Health Department. • Review and update legislation in relation to occupational health and safety.	increase awareness of health and safety issues. • Existing health information systems with relevant links to NIS. • Reduced injuries and illness resulting from workplace hazards. • Existence of a responsive ambulance service. • Reporting system of injuries resulting from workplace accidents. • Updated legislation on occupational health and safety.

5.3 Health Service Issues

Issue	Objectives (policy)	Strategies	Performance Indicators
• Standardised care • Confidentiality • Attitudes of health care providers • Availability and cost of drugs • Infectious waste handling • Infection control • Lack of focus on gender issues • Inadequate referral system • Health Needs Assessment	• Provide accessible and good quality health services to a satisfied client population. • Develop and provide a basic package of health services • Develop a basic drug package. • Provide health services that meet the health needs of the population. • Deliver services that are sensitive to client groups including, women, elderly, disabled, youth etc.	• Develop national standards, policies and treatment protocols for care, within a basic package of services that are responsive to the needs of the population. • Conduct health needs assessment in development of basic package of services. • Rehabilitate, upgrade and construct facilities to provide services required. • Develop a patient's charter to communicate the aims of implementing a customer oriented, confidential and friendly health sector. • Review and update existing procedures and policies for ensuring quality of services provided through private health sector including NGO's. • Collaborate with other providers/partners, (NGOs, Regional Government's, PAHO, UWI, St George's University, CAREC etc) through service agreement/MoUs. • Identification and removal of barriers to provision of timely services. • Develop gender strategy for the health sector. • Ensure availability and affordability of essential drugs. • Conduct client satisfaction surveys (including complaint system) and respond accordingly to address inefficiencies in the health system. • Develop and implement quality improvement mechanisms for mentally ill, disabled and elderly clients. • Develop youth-friendly services. • Conduct sensitivity training to improve staff responsiveness to patients.	• Existence and adherence to protocols of care. • Existence of a basic package of health services. • Number of upgraded, rehabilitated health facilities. • Existence of a patient's charter. • Updated policies/legislation to ensure quality of services provided through private sector. • Reports from patient satisfaction surveys and follow-up. • Existence and adherence to gender strategy. • Availability of essential drugs. • Number of sensitivity training sessions. • Existence of an operational referral system between services. • Implementation of an infection control strategy

		• Develop a referral system. • Standardise and implement infection control strategy for health services at all levels including laboratory services.	
Issue	**Objectives (policy)**	**Strategies**	**Performance Indicators**
• Inadequate range of community health services • Inadequate quality of service due to absence of personnel including doctors, and inadequate opening clinic times • Unclear focus on health promotion and its relationship with health education • Access to services • Public knowledge, attitudes and beliefs including: Cultural taboos; religious belief - effects on health seeking behaviour and lifestyle issues.	• Improve public health practice. • Deliver quality and accessible primary care services in an integrated manner. • Enhance community empowerment and participation in health promotion, planning and provision. • Develop an effective health promotion programme focusing on healthy public policies with legislative framework.	**Preventive and promotive strategies** • Encourage communities to develop healthy lifestyles (hygiene, exercise, eating habits, behaviour). • Develop mechanisms to facilitate the involvement of the community and other stakeholders in achieving healthy lifestyles. • Develop a health promotion and education strategy to include a communication component. • Empower Communities for Decision-Making in Public Health • Develop and implement the Health Promoting Schools Concept in collaboration with Ministry of Education (including oral health education and protection). • Identify community health needs through rapid needs assessment tools. • To provide preventive and maintenance services for oral health, particularly for children, mothers and the elderly. **Curative strategies** • Reactivate Primary Health Care Team and Family Nurse Practitioners to provide appropriate and quality services. • Develop integrated community health service clinics with improved opening hours, reduced waiting times and ensuring access to services by the poor. • Deliver basic package of care for common illnesses, including non-communicable diseases supported by an operational referral system. • Assess the feasibility of "walk in" health clinics.	• Improve quality of community health service – integrated clinics, existence of primary health care team, adequate number and skilled staff, available supplies, drugs, equipment and laboratory services. • Functional referral system. • Supportive and involved communities. • Existence of health promotion strategy. • Health promotion programmes in schools. • Reports – community health, assessment, public health surveys. • Completed needs assessments • Increased number of people accessing services in the community (including dental services and utilisation of lab services). • Completed staff review of community health services. • Increased laboratory services with less contracting out of

		Support services • Review of function and management arrangements for community services. • Review of staffing types and levels ensuring availability of appropriately skills and number of staff. • Enhance accountability of District Health Management Team. • Enhanced maintenance of infrastructure. • Provide necessary equipment, supplies and drugs to support service delivery. • Enhance laboratory services. • Development of a monitoring system to evaluate consumer satisfaction and access to services. • Development of information systems including review of reporting mechanisms (community health service reports).	laboratory services. • Consumer satisfaction reports included in community service reports. • Capacity for timely and effective response to control Public Health Problems
Issue	**Objectives (policy)**	**Strategies**	**Performance Indicators**
• Quality of care at all hospitals • Utilisation of districts hospitals • Weak linkage between district and general hospital • Overloaded A&E department in the general hospital • Access to services • Weak system of managing hospitals • Outdated management information system	• Deliver quality facility based clinical services and clinical support services that are integrated with preventive, promotive and rehabilitative services. (See also section 5.2.4 – Non Communicable Diseases – Mental Health, 5.2.6 – Reproductive and Child Health and 5.2.7 – Health Care of the Elderly) • Develop a referral system that will assist in reducing unnecessary attendance to the A&E.	**Preventive and promotive strategies** • Adapt and implement health promoting hospital concept. • Incorporate health promotion within hospital services making linkages with enhanced community health services. **Curative strategies** • Plan for development of hospital services. • Develop and implement protocols, policies and procedures to enhance quality of essential clinical (facility based) services (including protocol for admissions). • Development of a national ambulance service including system for transferring patients between district hospitals and the General Hospital. • Develop a system for prioritising patients in A&E department in general and district hospitals.	• Improved quality of hospital services, measured through, hospital reports, clinical audit and complainants system. • Health promotion/education programmes included in clinical protocols of care. • Existence of hospital services development plan. • Existence and adherence to clinical policies and procedures. • Reduced admissions through A&E and increased admissions through

• Inadequate cost recovery system • Lack of hospital services development plan		• Improve diagnostic services, including possible satellite diagnostic services (radiology, laboratory) • Development of specialised services; e.g. oncology services and dialysis services • Improve hospital efficiency and effectiveness through improved management capacity for managers, adequate staffing and equipment. • Facilitate prompt referral of complicated cases from community health services to district or general hospitals. • Develop linkages with Regional Partners to provide specialist services (see also section 5.3.4 – Specialist services and 5.2.3 – Non-Communicable Diseases – Cancer). **Support services** • Review utilisation and service provided in district hospitals to develop integrated/complementary services between district hospital and general hospital (thereby maximising utilisation). • Completion of Phase 2 of General Hospital • Upgrade/renovate Princess Royal and Princess Alice Hospitals in relation to new service arrangements. • Ensure adequate drugs and medical supplies. • Procure adequate supplies for laboratory and other medical diagnostic services. • Staff training to support clinical service development. • Sensitivity training for hospital staff. • Ensure health and safety of hospital staff. • Implement system of clinical/medical audit as part of patient's charter (linked to complaints system) as part of quality enhancement. • Monitor and evaluate access to services.	consultation. • System for prioritising A&E services • Improved diagnostic services – scope of services and level of output. • Operational referral system • Number of patients receiving specialised services through regional partnerships. • Regular supply of drugs, medical supplies and maintained equipment to support clinical services. • Staff training – scope and number of staff trained. • Operational system of clinical audit including complaints system.
Issue	**Objectives**	**Strategies**	**Performance Indicators**

• Provision and access to specialist services which are generally not available in the country	• Provide selected specialised health services (including access of these services by the poor).	• Work with key stakeholders (OECS, PAHO, CARICOM) and other countries in the Region to develop a policy for shared specialist health services. • Develop "Special Medical Cases" committee under responsibility of CMO to establish criteria, ethical consideration and financing for cases requiring specialist services outside the scope of public health services. • Assess feasibility of a specialist health service in Grenada with would be marketable to other countries in the region (possible collaboration with St George's University).	• Existence of policy for shared services among OECS countries. • Operational "Special Medical Cases" committee. • Increased number of patients receiving specialist health service. • Feasibility study of developing a specialist service in Grenada.

5.4 Management and Health Systems

Issue	Objectives (policy)	Strategies	Performance Indicators
• Appropriate balance between hospital and community services • Weak linkages between public and private health sectors. • Management and organisation of hospital services, community Health Services, Environmental Health Services and Environmental Protection.	• Develop a clear organisational structure for the Health System. • Promote linkages between primary and secondary services through a referral system. • Rebalance services between different functions and levels towards a primary care approach. • Improve the effectiveness and organisational performance of the health system. • Strengthen stewardship and leadership roles of Ministry of Health. • Increase emphasis on health promotion. • Promote and strengthen linkages between government and private health sectors.	• Continue reorganisation of Ministry of Health Head Office. • Ministry of Health to adopt an advocating role for the development of healthy public policy. • Review role of other health related organisations in light of changes made to the organisational structure of Ministry of Health. • Develop mechanisms for reporting and co-ordination of roles and responsibilities within the public health system. • Include, as a function of the Ministry of Health, the assessment of national policies to ensure the development of health public policy. • Develop advocacy and communication role of Ministry of Health including developing partnerships public-public and public-private. • Promote linkages between levels of the service including district and general hospitals. • Develop and promote a referral system policy and procedures. • Develop relative roles of public and private sectors, including any future commissioning of services from private sector and other regional partners. • Enhance collaboration with stakeholders involved directly or indirectly in health promotion, provision and development. • Secure technical assistance and support to strengthen Health Promotion development activities.	• Existence of an approved organogram for the Ministry of Health. • Clear functions, reporting responsibilities and linkages between departments and organisations in the Ministry of Health. • Existence of appropriate groups/bodies, including regular (minuted) committees, meetings. • An operational referral system • Collaborations with private sector, including NGOs and other regional partners. • Systems for regulating and working with private sector.

Issue	Objectives	Strategies	Performance Indicators
• Centralised management and decision making • Management capacity at central level (see also 5.5.2 – Human Resources Management and Development) • Operational and policy issues addressed at central level • Resistance to change • Weak alliances community and other potential stakeholders in Health	• Reorganise and reorient the central Ministry of Health around policy formulation and regulation, finance and planning of health services, and monitoring and evaluation. • Mobilise financial resources for the health sector and allocate them rationally and equitably. • Establish effective co-operation mechanisms with international development partners. • Develop human resource capacity to support health systems strengthening.	• Provide central support and policy direction for the health sector. • Develop, review and enforce health policies through regular health needs assessments and monitoring and evaluation of service delivery. • Advocate for all policies to be assessed for health implications. • Ensure separation of operational and policy issues in central Ministry of Health through capacity development and technical support to operational levels. • Enhance the management skills of the central Ministry of Health. (See also 5.5 Resources for Health) • Enhance management arrangements for hospital services, community services, environmental services and other operational departments under the responsibility of the Ministry of Health. • Develop the use of evidence-based research to support decision making. • Develop a culture of participatory decision making. • Develop communication strategy and advocacy function in Ministry of Health (including strategy for dealing with the media). • Review staffing processes including disciplinary procedures and performance management systems (See also section 5.5.2 – Human Resource Management and Development). • Build advocacy and resource mobilisation capacity within the Ministry of Health to capitalise on international assistance opportunities. • Enhance in-service management training at all levels of the health system. • Develop role of the "Policy Committee" as change	• Management training at all levels of the public health sector. • Clear management systems at the central level providing support to operational departments/levels. • Transparent systems for resource allocation and budgeting. • A "Policy Committee" that is focused on policy issues and as an agent for change, chaired by the Permanent Secretary. • Existence of a committee to manage technical/policy/operational issues chaired by the CMO (ensuring inclusion in decision making). • Increased linkages with collaborative partners, nationally, regionally, internationally. • Use of research in decision making. • Reports – minutes for meetings, information bulletins, media reports/events. • Existence and increase of programmes and activities supported by international

		management agent within the Ministry of Health. • Develop and implement a strategy for effective, proactive co-operation between the health sector and bi-lateral and multi-lateral partners. • Develop and implement a communication strategy with particular emphasis on the media.	development partners. • Secured funding to meet the resource gap.

5.4.3 Legislative framework

Issue	Objectives (policy)	Strategies	Performance Indicators
• Absence of a functional legislative framework • Outdated or absence of health regulations. • Enforcement of health legislation and regulations.	• Develop a legislative framework that ensures the protection, promotion and maintenance of the health of the population. • Strengthen the regulatory role of the Ministry of Health.	• Review and update all health sector related legislation (e.g. Public Health Act, Private Hospital Act, and Mental Health Act etc.) in compliance with Regional and International treaties that impact on health. • Enhance and maintain national standards for health protection, promotion and maintenance. • Enforce and monitor all health legislation. • Develop new health legislation as necessary. • Advocate for all legislation to ensure the health protection of the population. • Implement signed international treaties.	• Updated health legislation • New health legislation • Existence of systems to implement new and revised health legislation. • A strategy with other Ministries and stakeholders for the development of legislation to ensure health protection of the population.

5.4.4 Health Planning

Issue	Objectives (policy)	Strategies	Performance Indicators
• Inadequate planning capacity • Poor resources to support planning	• Develop participatory planning mechanisms and procedures including links between strategic and operational planning. • Mobilise resources for the formulation of public health plans to deal with public health issues	• Improve the health planning process • Ensure development and implementation of strategic and operational plans. • Develop mechanisms of resource allocation and budgeting. • Ensure synchronicity between the planning cycle and the fiscal cycle. • Develop a system of monitoring and evaluation of health	• Existence of strategic and operational plans. • In-service training in management and planning. • Information system to support formulation and monitoring of plans.

	including natural disasters and epidemics (see also section 5.6.1 - Environmental Health Services)	system performance. • Ensure the development and renewal of disaster (natural and man) plans. See also section 5.6.1. - Environmental Health Services. • Improve internal communication system to support planning functions and encourage participatory planning. • Strengthen and maintain essential public health function at Ministry of Health. • Incorporate a gender perspective in all health programming activities. • Monitor, Evaluate and Analyse the Health Situation of the Population • Ensure resources for planning, (human, financial and information) See section 5.5 – Resources for Health. • Develop research capacity/commissioning in Ministry of Health • Develop Planning Unit within the Ministry of Health to include facility planning and epidemiology.	• Existence of gender strategy • Available resources for planning. • Evaluation reports, situational analysis. • Guidelines and Processes for Monitoring Health Status
Issue	**Objectives (policy)**	**Strategies**	**Performance Indicators**
• Weak procurement, inventory management and distribution systems for medical consumables, drugs and other supplies.	• Ensure the timely supply and procurement of medical consumables, drugs and other supplies. • Develop safe storage and efficient distribution of drugs, medical supplies and other supplies (including food). • Establish and maintain standards for the selection, purchase, storage and distribution of supplies to be utilised by the various departments of the Ministry of Health.	• Collaborate with Regional stakeholders in the update of essential drug list and treatment protocols (Drug Formulary OECS) • Promote rational drug prescription. • Continually update and disseminate guidelines on rational drug use. • Review regulations for the practice of Pharmacy. • Review the current procurement and inventory system with consideration of computerisation. • Enforce donations policy with respect to medical supplies and drugs including periodic review of policy in line with regional practices and procedures. • Develop a general purchasing policy for non-medical	• Participation in updated essential drug list. • Reports on drug compliance and rational drug use. • Computerised systems for procurement and inventory of drugs and medical supplies. • Monitoring reports on donation policy for drugs and medical supplies. • Reduced disposal of expired drugs. • Monitoring of inventory

	• Develop public/private policy on the importation and distribution of essential drugs	consumables including food. • Develop inventory management control at all levels of the health sector to reduce loss through expiration or pilferage.	checks of drugs and medical supplies at all levels of service delivery. • Availability of non-medical consumables in health facilities.

5.5 *Resources for Health*

Issue	Objectives (policy)	Strategies	Performance Indicators
• Inadequate financial resources for health. • Inadequate hospital fee policy and cost recovery mechanisms. • Incomplete knowledge of public and private health expenditure.	• Explore the possibility of alternative means of financing the health sector. • Introduce national health accounts. • Strengthen financial management systems to promote efficiency, transparency and accountability within the public health system. • Ensure equitable resource allocation between service levels.	• Commission study on health financing for health system in pursuit of equity, efficiency and enhanced income. • Review and update existing regulations governing collection and retention of user fees. • Improve cost recovery by review and revision of fees, admission forms to include insurance and demographic information; tracking system for outstanding bills. • Develop mechanisms for costing of health services. • Build capacity for financial management through in-service training in planning and budgeting at all levels. • Undertake National Health Accounts and health expenditure review of the sector to determine equity and patterns in resource allocation.	• Feasibility report on financing mechanisms to include various financing options, e.g. user fees, private insurance, levy (ear marked tax), national health insurance for all and ensuring that poverty is not a barrier to accessing health. • Published health accounts • Annual audits of hospitals, community health services and other services under the responsibility of the ministry of Health • In-service training in financial management. • Updated fees policy • Studies on alternative health financing mechanisms.

Issue	Objectives (policy)	Strategies	Performance Indicators
• Lack of a continuous	• To invest into the development and	• Develop a human resource plan to facilitate the	• Personnel having received

approach to human resource development • Inadequate working conditions (No job security/inadequate benefits/career planning) • Inadequate provision for retirement • Effects of Migration • Employee health • Zero growth policy on employment • Poor succession planning • Continuing education • Licensure	improvement of health human resources • Support the development of professional standards and ethics among health workers, including collaboration with professional bodies. • Develop mechanisms of cooperation between training institutions and Ministry of Health so that it is possible to adapt the education of the health workers to a universal and equitable model. • Exchange of experiences and information at the sub-regional level (OECS) with emphasis on good practice.	improvement and maintenance of quality and quantum of human resources for the health sector • Develop and implement orientation and training programme for new staff and existing staff. • Secure and expand the number of training scholarships. • Develop management capacity in the health sector. • Continuous upgrading of existing medical, nursing, administrative and support staff. • Review and update legislation for Medical and Nursing Practitioners. • Project demand for health professionals and plan for the production/recruitment of required staff. • Develop policies and procedures for recruitment, retention, succession planning. • Develop database of trained personnel. • Review and update job descriptions. • Collaboration with TAMCC, SGU, UWI with regards to training and production of required staff. • Develop and implement mandatory in-service training programmes. • Enforce bonding agreements. • Improve staff performance and accountability including through improved mechanisms for performance appraisal, discipline and incentives. • Improve benefits, working conditions, and employee assistance programme. • Improve provision for retired people including pre-retirement support. • Review current policies and procedures for use and charging of private wards in public hospitals by medical practitioners. • Monitor and regulate the migration and displacement of health workers so as to ensure provision of health services. • Develop policy for Continual Medical Education.	training. • Legislation renewed and new legislation in existence. • New personnel receiving training • Professional staff replaced following retirement or having left the system. • Professional staff recruited in a timely manner. • Professional staff with long service record. • Performance appraisal conducted and linked to career planning. • Rewards/incentives provided.

Issue	Objectives (policy)	Strategies	Performance Indicators
• Weak health information systems	• Strengthen the structure and performance of the health information system and use of information to support management (including decision making), planning, monitoring and evaluation for the health sector.	• Develop and implement health information policy • Development and implementation of a national health information system plan • Strengthen key surveillance and monitoring systems • Develop information strategy to include collection of basic data set of health information from all levels within the health sector. • Develop evidence-based decision-making culture, including commissioning of research • Review links with WINDREF, SGU for research capacity (MoU) • Development baseline for monitoring of strategic planning functions as part of the planning unit with the intention to set and monitor targets. • Expand and consolidate Information Technology (IT) capacity. • Improve the reliability of data and data analysis through training of health information /medical records staff. • Improve the use of information for management and planning. • Revitalise and expand the annual health system report (formerly under CMO) with responsibility under planning unit.	• Health information policy developed • Health information system plan developed • Available and updated health information and vital statistics • Available and updated CMO reports • Existence and implementation of an information strategy. • Existence of a basic data set. • Ministry of Health engaged in commissioning research to support decision making, planning and programming. • Existence of a baseline for monitoring strategic planning functions. • Annual health reports • Existence of surveillance systems including to Identify Threats to Public Health

Issue	Objectives (policy)	Strategies	Performance Indicators
• Lack of and poor maintenance of equipment and	• Implement a programme for health technology assessment, including needs assessment, procurement,	• Ensure the availability of appropriate, safe, reliable and well-maintained medical equipment. • Develop a system for ongoing biomedical maintenance.	• Reports of regular maintenance conduced (bio medical engineer) – invoices

infrastructure • Inadequate technology assessment and consultation	maintenance and amortisation.	• Development guidelines for cooperation (MOUs) between the government and development partners in the selection, acquisition, standardisation and installation of health care technology. • Explore opportunities for private/public collaboration in maintenance of health care technology and infrastructure. • Ensure availability and allocation of adequate resources for preventive maintenance of equipment. • Develop procurement guidelines, maintenance and repair procedures and guidelines for donated health care equipment. • Develop and supply standard equipment list for various levels of the health service in line with services delivered. • Develop inventory of equipment at all health and health sector facilities.	for equipment maintenance from contractors. • Existence of guideline/MoUs for selection, standardisation and installation of medical equipment. • Evaluation reports for new and existing technology • Reports (invoices) of maintenance of infrastructure.
Issue	**Objectives (policy)**	**Strategies**	**Performance Indicators**
• Damage to health facilities following hurricanes Ivan and Emily • Poor maintenance of health facilities • General Hospital project • Inadequate number of skilled personnel	• Modernise health facilities. • Ensure adequate maintenance and regeneration of health infrastructure based on need and to improve the performance of Essential Public Health Functions. • Renovate and/or rebuild health facilities that were damaged by hurricanes Ivan and Emily.	• Acquire adequate resources for renovation and rebuilding of facilities damaged by hurricanes Ivan and Emily. • Develop priority for restoring physical infrastructure based on service utilisation, priority health services. • Plan rebuilding of facilities with in relation to changes in services development and arrangements. • Continue building Phase II of the general hospital project. • Develop system for maintenance of infrastructure. • Ensure availability and allocation of adequate resources for preventive maintenance of equipment. • Recruit/contract skilled maintenance teams.	• Renovated health facilities. • Regular maintenance of health facilities. • New health facilities with capacity for new service arrangements. • Completed phase II of general hospital.

5.6 *Wider Determinants of Health*

Issue	Objectives (policy)	Strategies	Performance Indicators
• Indiscriminate disposal of waste • Solid waste management • Water quality • Vector control • Food safety • Natural disasters (See also the Environment) • Port health • Housing and sanitation • Litter/waste disposal	• Review and update Environmental Health Legislation • Strengthen Environmental Health services (Vector control, occupational health an safety, port health programme, impact assessment of industrial and commercial undertakings, stiffer penalties to reduce the instances of litter and enforcing existing legislation) • Develop all aspects solid waste management with emphasis on efficiency and due regard to ecology, environmental impact and health effects.	• Development of functional Environmental Plan for each environmental health service area. • Improve waste management by strengthening of legislation and enforcement, including development of incentives to recycle. • Contribution to national disaster preparedness plan to be completed and simulation exercise conducted. • Contribution to completion of housing and human settlement plan and collaboration with relevant agencies such as physical planning, HRD, NAWAS, Housing, to address housing • Community meetings, TV, radio, news letters, message, workplace and school programmes to assist in environmental services and protection. • Provision of equipment for relevant research. • Strengthen management capacity and resources for vector control • Ensure food safety. • MoH ensure that NAWASA provides a safe and portable water supply. • Ensure that sanitary conditions are maintained at public facilities and in the general environment. • Enforcement of legislation on littering/waste disposal. • Develop Occupational Health and Safety Programme	• Existence of plan for each environmental health services area. • Existence of national disaster plan and simulation exercises. • Health education activities on environmental protection • Use of research finding in planning environmental health services. • Reduction in vector indices. • Increased testing of food samples with reduced contamination. • Regular sampling of water with tests for more types of contamination. • Increased charges for littering and indiscriminate waste disposal • Existence and implementation of occupational health programme, renewed legislation.

Issue	Objectives (policy)	Strategies	Performance Indicators
• Air pollution • Noise pollution • Climate change • Natural disasters • Poverty and Socio-economic status • Education • Depletion of marine resources • Land use/protection • Global issues affecting health – travel, (see 5.2.5 for new and emerging communicable diseases)	• Protect the ecology and natural beauty and the flora and fauna as well as the protection of marine resources. • Ensure that national development policies are formulated and implemented to maintain a clean and healthy environment.	• Research effects of noise pollution and draft appropriate legislation. • Develop and implement public awareness programmes to address pollution. • Introduce measures to prevent soil erosion and contamination of soil and water through the use of pesticides and other chemicals. • Enhance the education of the population about a "clean environment". • Make Environmental Impact Assessment mandatory, as a precondition to any development in tourism, industry and commerce. • Development of standards and guidelines that support Emergency Preparedness and Disaster Management in Health. • Enhance coordination and partnerships with other agencies and/or Institutions in Emergencies and Disasters	• Meetings and education activities. • New legislation • Collaborative partners and activities to ensure clean and healthy environment. • Monitoring reports of environmental protection. • Interventions to promote healthy behaviours and environments

6.0 Implementation of the plan (2 pages)

Responsibilities of the MoH to provide leadership, but also responsibility of all professionals
Endorsement by and responsibility of Cabinet
Role of Planning Unit
Resource implications
Links to annual operational planning and budgeting processes are critical
Risk areas for the plan

Objective are broad and wide ranging – Set medium and long term goals from objective

It is strongly recommended that future evaluations of the Essential Public Health Functions should have a multi-sectoral approach and not be heavily weighed with health personnel. (desirable but needs to be developed)

National Strategic Plan for Health 2007-2011
Proposed Implementation Schedule

07	08	09		
YEAR 1	**YEAR 2**	**YEAR 3**	**YEAR 4**	**YEAR 5**
-Chronic Diseases -Communicable Diseases -Wider Determinants -Infrastructure (Maintenance) -Human Resource Management & Development -Mental/ Spiritual Health -Management & Health Systems	-Chronic Diseases -Communicable Diseases -Wider Determinants -Infrastructure (Maintenance) -Human Resource Management & Development -Mental/ Spiritual Health -Accidents & Injuries -Occupational Health -Health Services Issues	-Chronic Diseases -Communicable Diseases -Wider Determinants -Infrastructure (Maintenance) -Human Resource Management & Development -Mental/ Spiritual Health -Reproductive & Child Health - Health Financing -Health Services Issues	-Chronic Diseases -Communicable Diseases -Wider Determinants -Infrastructure (Maintenance) -Human Resource Management & Development -Mental/ Spiritual Health -Health Financing	-Chronic Diseases -Communicable Diseases -Wider Determinants -Infrastructure (Maintenance) -Human Resource Management & Development -Mental/ Spiritual Health -Health Financing

7.0 Monitoring, evaluation and updating of the plan (2 pages)

Standing item on the Policy committee agenda
Annual process for reviewing the progress
Annual stakeholders meeting at which MoH presents the progress
Formal updating of plan in 3 years time at which strategic plan is rolled forward