Caribbean Health Planning Context
(Systems Thinking for Health Systems Strengthening)

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Zooming out ... a bigger picture

• Caribbean Cooperation for Health (III), CARICOM
• Subregional Caribbean Cooperation Strategy, PAHO
• Strengthening Health Systems in each building block

  – Financing: shrinking fiscal space, unemployment, limited space for reforms
  – Provision of services: escalating health costs, driven by medicines/technologies
  – HRH: continuous out-migration of health workforce (esp. nurses) and of population (declining fertility)
  – Health information systems: mostly informal collaboration between public and private sectors; attempts to implement easy solutions – software
  – Governance: weak regulation, especially of the private sector; low compliance with rules when exist; uneven quality
Zooming in ... PAHO/WHO response to HRH challenges

HRH Road Map:

- Key role of the Working Group – expertise from within the Caribbean
- Role of PAHO/WHO as a facilitator, convener, broker
- Scrutiny and reality check by the High Level Meeting on the Road Map – March 2012 and CMOs meeting in April 2012
- No pre-selected framework for the Road Map but bottom-up approach
- Key role and support of partners
Caribbean HRH Road Map Context

National
Health Financing
Information Systems
Service Delivery

Regional

HRH ROAD MAP
Supported by Sub-regional Framework for Strengthening National HIS

Guided by the Sub-regional Strategic Plan

Informed by country specific HIS strengthening priorities and plans

Caribbean HIS Roadmap
Systems Thinking about Health Systems

**Box 2.1  Common Systems Characteristics**

Most systems, including health systems, are:
- Self-organizing
- Constantly changing
- Tightly linked
- Governed by feedback
- Non-linear
- History dependent
- Counter-intuitive
- Resistant to change

Compiled and adapted from Sterman, 2006 and Meadows et al, 1982 (32;42)
Systems thinking in respect to HRH in the Caribbean

- More or less regulation?
- Bigger or smaller private sector?
- Passive or active purchasing of health services: how to remunerate health professionals?
- What is the Objective: Equity? Efficiency? Quality? Who is to be made happier?
- Where to begin? Do money follow ideas, or ideas follow the money?
Model of care: 1) population/territory covered and the health needs and preferences 2) an extensive network of health care facilities 3) a multi-disciplinary first level of care 4) delivery of specialized services at the most appropriate location; 5) mechanisms to coordinate health care throughout the health service continuum; 6) care that is person-, family-, community-centered

Governance and strategy: 7) a unified system of governance for the entire network; 8) broad social participation; and 9) intersectoral action

Organization and management: 10) integrated management of clinical, admin and logistical support systems; 11) sufficient, competent and committed human resources for health 12) an integrated information system; and 13) results-based management.

Financial allocation and incentives: 14) adequate funding and financial incentives
First Steps: Enhancing Workforce Capacity
Human Resources for Health

HRH Governance

Planning and Management
- Planning
- Finance
- Planning Unit
- Human Resources Policies
- Legislation & Professional Regulation
- Recruitment & Retention Program
- Education Planning
- Needs/Targets/Forecasting
- Partnerships
- Programme Evaluation
- Data Management/HRH Monitoring

Personnel Management
- Personnel Department
- Recruitment and Selection
- Employee Retention
- Training and Development
- Performance Management Systems
- Industrial Relations
- Human Resources Information System
- Employee Communications

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