

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
 - <u>Financing</u>: 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





Caribbean HIS Roadmap

Supported by Sub-regional Framework for Strengthening National HIS

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2012



Guided by the Sub-regional Strategic Plan



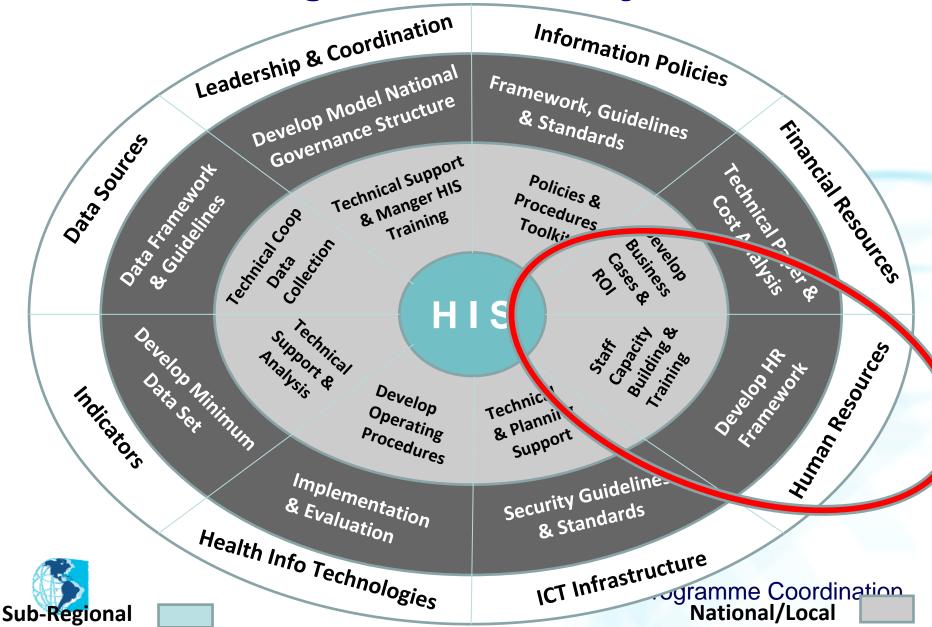
Informed by country specific HIS strengthening priorities and plans

Caribbean Health Information System



50/2,

HIS Interventions at Sub-Regional & Country Levels



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)

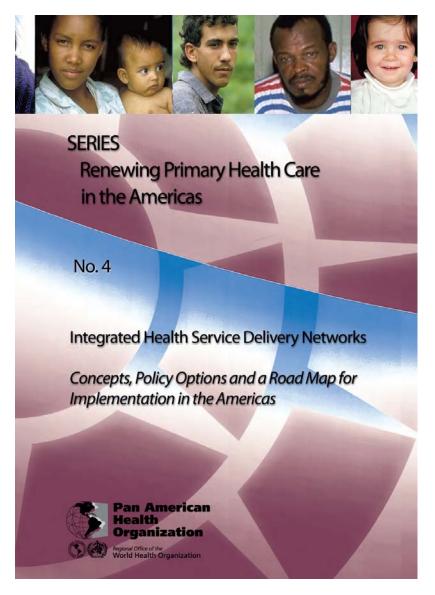


Systems thinking in respect to HRH in the Caribbean

- 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 multidisciplinary 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



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incentives

First Steps: Enhancing Workforce Capacity





Human Resources for Health

