CCH III

REGIONAL PROGRAMME AREA

STRENGTHENING HEALTH SYSTEMS

GOAL: Health Services that respond effectively to the needs of the population

PURPOSE: To strengthen the structure and performance of health systems to provide equitable, sustainable and high quality services

SUB-PRIORITIES	OBJECTIVES/ PURPOSE	NATIONAL EXPECTED RESULTS	INDICATORS	OPPORTUNITIES FOR JOINT REGIONAL ACTION STRATEGIES	INSTITUTIONS	JUSTIFICATION
System-wide Strengthening	1. To strengthen the legislative frameworks and institutional structures of health systems	1.1 Appropriate legislation developed and enacted e.g. relating to Health Reform	1.1 Administrative structures for implementation and monitoring of legislative framework established in all countries by 2012 1.2 Legislation to strengthen health system enacted in all countries by 2013	Model legislation developed for strengthening the regulatory and steering role of Ministries of Health Model legislation developed to enhance the governance of health facilities and the practice of health professionals	CARICOM, World Bank (WB), PAHO/WHO, Tertiary Learning Institutions (TLI)	The legislative framework in many of the Caribbean countries is out dated or in appropriate to monitor and enforce the regulatory functions required to manage the expanding private sector programs

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	2. To strengthen capacity to perform essential public health functions including the delivery of responsive, quality services	2.1 mechanism to review and monitor performance in Essential Public Health Functions (EPHF) established	2.1.1 Steering role of the National Health Authority strengthened in all countries by 2011 2.1.2 System improvements in at least 6 EPHF areas in all countries by 2013 2.1.3 EPHF performance appraisal included in the format of the annual CMO's report in all countries by 2011	Development of a regional quality and safety program with a health systems approach Support to enable all countries to produce a timely annual CMO's report	PAHO/WHO, CARICOM, National governments	In 2002-03 all the countries completed assessments in the EPHF; and agreed to adopt EPHFs as markers tor self assessment of the performance of the health sector in meeting the national and sub national public health needs. Since 2003 some countries have built additional capacity to conduct the exercises; However, in the current context of new and emerging diseases, natural and manmade hazards and related factors, there is a need to accelerate the efforts to ensure the quality of the public health response
		2.2 Standards and protocols for CQI implemented	2.2.1 National Quality Improvement (QI) program implemented in 60% of countries by 2013	QI SOPs in health settings developed		

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	To renew focus on Primary Health Care Services	3.1 Appropriate PHC administrative and integrated program structures implemented.	3.1 Increase in the financial allocation for primary care services to at least 10% of total health services budget in all countries by 2013 3.2 % Increase in the number of physician and nursing personnel available in primary health services in all countries by 2011 3.3 Population-based prevention and control programs present in all countries by 2012 3.4 Referral networks and linkages between PHC and secondary institutions functioning effectively in all countries by 2013	Development and assessment of effective PHC organizational and administrative models Agreement on types of screening services and the standards of care Convening of PHC networks and alliances and the sharing of " Best Practices"	PAHO/WHO, CARICOM, National governments, UNICEF, FAO, UNDP, TLIs	The CARICOM Caribbean countries (with the exception of Haiti) have traditionally conducted fairly strong PHC programs despite being under-resourced. The renewal of the PHC strategy provides new opportunities for governments to examine the allocation of resources in the health sector. Between primary, secondary and tertiary care.; analyse the impact of interventions and implement the most appropriate or effective population health programs

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Information & evidence for health systems management (surveillance, M&E and research)	1 To enable national and sub-national information systems to support evidence based decision making by policy makers. practitioners and program managers	1.1 Adoption and implementation of national HIS policy and plans. 1.2 Implementation and networking of technological platform (hardware, software, connectivity) to share databases and information 1.3 National information systems producing timely and accurate key information, especially core health data and minimum data set to support management of health systems and services	1.1 Health information policy and plan adopted in all countries by 2011 1.2 National Health Information Network in 60% of countries by 2011 1.3 All countries producing up dated core health data and key management indicators to support management of health systems and services by end 2013	Development and implementation of a Caribbean Health Information System supported by a regional health information network Establishment of core dataset to support management	CARICOM.PAHO/WHO, UNDP, CDB, TLI	Despite the recognition of the need for comprehensive information for evidence based decision making, an effective system or mechanism has not been implemented. Several efforts have been made to share practices from and pilot initiatives from select countries. National sustainability has presented the greatest challenge. In short the lack of information and analysis in the health systems have limitied the capacity of the countries to document impact of interventions and/or highlight the needs of vulnerable groups

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	2. To strengthen / develop surveillance, health research and M&E system to enhance responsiveness and quality of health system	2.1 Improved national capacity for collection and analysis of health information for decision-making and policy formulation;	2.2 Monitoring and evaluation systems have been developed in all countries by end 2013 2.3 Allocation from health budget for essential health system research in % countries by 2012	Integration and trend of health sector surveillance and monitoring systems (Health Sector Observatory) Technical capacity to support essential research	CHRC, PAHO/WHO, CARICOM,	
Health Financing	1: Mobilize and/or redistribute financial resources to support alignment of health budget to priority needs	1.1 National health budgets sufficient to address priority health needs 1.2 Additional revenue streams secured for selected programs	1.1 National health expenditure budget at least 6% of GDP and distributed to address priority health needs in all countries by 2013 1.2 Additional (new) resources identified for health financing in 50% of countries by 2011	Development of mechanisms to assess or develop health financing policies, strategies and programs to increase efficiencies and measure performance Regional Resource mobilization for specific programs Development of models for regional health insurance schemes	PAHO/WHO, CARICOM, CDB, National Governments, bilateral and multilateral partners	Over the past twenty years considerable resources have been expended throughout the Caribbean in consultations to review the feasibility of implementing National health Insurance Schemes. In most instances comprehensive publicly supported Schemes have not been adopted. Instead several countries have implemented Funds to

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	2. Align health financing to identified national and regional health priorities	2.1 Evaluation of financial streams in the health sector (National Health Accounts-(NHA) sources, financial intermediaries, providers, functions and line items)	2.1 Financing of priority areas meet or exceed planned levels in 50% of countries by 2011	Capacity building and development of model programs to conduct NHA analyses (The MDG Health reports identified that to finance health sector developments it would generally require increasing government expenditure on the health goals by up to 4% points of GDP through 2015.)		guarantees medications for select diseases and in some instances specific populations. Despite these challenges there is a recognition and acceptance of the need to improve distribution and efficiency of utilization of the available resources as well as the need to distribute the risks across the region

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Risk/Disaster Management	1. Health sector organised to prepare and respond to mass casualty national and regional events/disasters based on a risk management approach.	1.1 Country Comprehensive Disaster Management Framework for health sector preparedness mitigation and response developed and periodically updated 1.2 Preparedness activities related to health sector coordinated with PAHO 1.3 Response team activities coordinated with CDERA and PAHO/WHO	1.1 Disaster management policies and plans developed, implemented, and updated in all countries by 2011 1.2 Identified Health Focal Points active in all countries by 2011 1.3 Active Post-Disaster Surveillance Programs in all countries by 2011 1.4 MOUs/ Agreements between national and regional and international agencies signed in all countries by 2011 1.5 National experts for response teams identified		Institutionalize training program for Disaster Management for health professionals Development of Standard Operation Procedures for Mass Gatherings Development of Regional health Response Plans Human Resource Pool – schedules and resources to facilitate sharing and movement Hospital Building Codes and infrastructure standards	PAHO/WHO, CDERA, CDB, TLI, CARICOM		

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	2, International Disaster Reduction Strategy for Safe Hospitals implemented	Hospitals in all countries designated as ''Safe Hospitals" by 2013	All hospitals evaluated, retrofitted and implement an effective preventive maintenance plan by 2013	Evaluation schedule 2008- 7 hospitals 2009 – 8 hospitals 2011-	developed	CARICOM, CROSQ, PAHO,		
Pharmaceutical Policy, regulation and management	1. Access to safe, affordable and efficacious medicines improved	1.1. Caribbean Pharmaceutical Policy designed and implemented 1.2. Strengthened regulation of medicines including legislation and medicines registration	1.1.1 A Caribbean Pharmaceutical Policy approved and with a work plan implemented by 2013 1.2.1 A sub-regional regulatory framework agreed and implemented by 2013		To develop a sub-regional Medicines Policy and to support countries to develop national policies. CRDTL Strengthened Implementation of PANDRH (Pan American Network of Drug Regulatory Harmonization) Recommendations National Regulatory authorities strengthened	CARICOM, PANCAP , PAHO/WHO, WHO Collaborating Centres, TLIs, Caribbean Pharmacy Association	Access to good quality and safe medicines varies throughout the Caribbean partly because of the national resources, the sources of supplies and the quality of the installed management, regulatory systems. The countries of the region are eligible to participate in several regional and global initiatives to enhance the management and access to quality medicines. Opportunities that exist for the sharing of best practices and	

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		1.3 Harmonized medicines supply systems and sub-regional negotiation mechanism 1.4. Caribbean Strategy for rational use of medicines approved and implemented.	1.3.1. A harmonized list of standard criteria for procurement and indicators of performance implemented by CARIPROSUM (Caribbean Regional Network of Procurement and Supply management Agencies) members by 2011 1.3.2. Sub-regional Mechanisms of price monitoring and negotiation for priority medicines established by 2015. 1.4.1. Therapeutical protocols for chronic diseases established by the end of 2011.		CARIPROSUM structured to coordinate donation of pharmaceutical supplies in times of disaster Link with global or regional pooled procurement initiatives Sub-regional Therapeutical Committee installed and National therapeutical Committees Improved		pooling of resources could increase the potential for success in this area.	