



**MINISTRY OF HEALTH
Belize, C.A.**

**MINISTRY OF HEALTH, BELIZE
DRAFT
HUMAN RESOURCE IN HEALTH
STRATEGIC PLAN**

**Ministry of Health, Belize
in collaboration with PAHO/WHO**

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I. INTRODUCTION

Health is the first and most important form of wealth. If it is ignored or wasted, we will be guilty of developing our underdevelopment and history will not absolve us. The challenge that faces us is to forge a consensus of a well-structured and integrated approach based on the principle of complementarity.¹

Poverty and health are so intricately interrelated that three out of the eight Millennium Development Goals (MDGs) are aimed directly at improving global health as a way to fight world poverty. Global experts agree that unless unprecedented levels of financial support, policy reform, human resources and program coordination take place among donors, governments and civil society, it is unlikely that these goals will be met and sustained by 2015.

Human resources are in crises and yet absolutely critical for achieving the MDGs; it is an old problem that is now confronted by the challenges of emerging and re-emerging diseases. Highly skilled workers are shifting from poor regions to richer regions and from public to private sector. Also, globally recognized is the concentration of professionals in the capital cities. However, regional and international migration is also a phenomenon contributing to the human resource crisis. International Financial Institutions, through fiscal reform initiatives have impacted negatively on public services including health. Some of the repercussions include structural adjustment programs with impositions on moratorium on hiring, reduced annual budgets, ceilings on staff numbers and salaries while capping investment in capacity building. Short term training in countries have been adhoc and fragmented, without coordination of staff, career and succession planning.

In collaboration with World Health Organization and World Bank, research indicates that there exists a powerful link between the workforce and the health of the population. Few countries achieve 80% coverage of measles immunization without a minimum density of 1.5 workers per 1,000 population. About 2.5 workers per 1,000 are required for skilled birth attendance, an indicator of maternal mortality. Countries with the highest worker density have the lowest infant and maternal mortality.

Health care providers contribute towards health outcomes and thus human resources are absolutely critical to achieve the National Health Goals. An effective workforce should be urgently mobilized to implement priority national programs resulting in long term building of sustainable human resource capacities, positive work environment, education and training and enabling policies. People are the ultimate resource not substitutable and not available on short notice.

¹ Minister Jose Coye, Keynote Address Belize Medical and Dental XXIV Annual Congress, 2006.

II. BACKGROUND

A. Ministry of Health, Belize

Vision Statement:

“We envision a national health care system which is based upon equity, affordability, accessibility, quality and sustainability in effective partnership with all levels (sectors) of government and the rest of society, in order to develop and maintain an environment conducive to health”

Mission Statement:

“The Ministry of Health is committed to lead the formulation, implementation and evaluation of the National Health Plan for Belize”.

The Government of Belize recognizes health as an essential priority in the country’s development process and acknowledges its own role in ensuring ethnic origin, religion, socio-economic level, or jurisdictional or geographic area of residence.

As Belize grapples with its changing epidemiological profile and at the same time, responding to the international dimensions of emerging and re-emerging diseases, the Ministry of Health of Belize is committed to improving the quality of health of Belizeans as well as their quality of life to support the socio-economic development of the country, affirming its Vision and Mission.

The Ministry of Health is committed to Human Resources Development as one of the national health strategies since the late nineties, with the launch of the Health Sector Reform Project.

The development of human resources in health is a fundamental and essential element for public health practices as one of the pillars of the public health infrastructure. The countries of the Americas, including Belize, acknowledged in the Toronto 2005 meeting that human resources are amongst the most neglected and least valued resources within the health sector.

The Ministry of Health of Belize is committed to the process of the development of national policies, plans, training and management of human resources in health through a multisectoral approach.

B. Human Resources in Health in Belize

The process to design a National Policy for the Development of Human Resources in Health (HRH) commenced with the organization of a meeting with a multisectoral team on August 21, 2006. It was followed by a planning workshop in October 2006, outlining the decade, medium term and short term plans and implementation strategies for Belize. The workshop which had support and representation from Health Canada and PAHO Washington resulted in the development of a framework to guide planning for the HRH Strategic Plan.

The evolution of an HRH Team will result in the integration of the Intersectoral Commission for the Development of Human Resources in Health in Belize, including Ministries of Health, Education, Finance, National Development, Human Development, Offices of Governance, Services Commission, University of Belize, Professional Associations, National Health Insurance, Unions, among others.

Pivotal to this initiative is the institutional creation of a Human Resource Unit in the Ministry of Health. This unit will be responsible for the coordination, planning, leadership and integration of efforts in the field of the Development of Human Resources in Health as well as the collection, collation, analysis and dissemination of HRH information for decision-making and planning.

A permanent health information system with national coverage is currently implemented. It will include number and distribution of human resources in health. Professional associations and councils (medical/dental and nursing) have their own data bases and are updating their information. The service providers, academic and public institutions have their own electronic data bases without interfacing. They are oriented to their particular mandate or scope of responsibilities such as provision of services, formation of human resources, purchasing of services, management, etc. There is a need for systematization, expansion, collection, compilation, interpretation, analysis, publication and dissemination and use of information on HRH.

With the proposed creation of the Observatory of Human Resources in Health, it is expected to provide information in the near future, to facilitate increased multisectoral collaboration, analysis and also to influence improvement of the data base of related institutions.

Currently, there is a need for equal distribution and redistribution of human resources in health regions and health districts in the different areas of the country. There is a concentration of physicians, nurses and other health professionals in the principal towns and cities, while distant communities with high proportion of rural and indigenous population are in need to improve their health and availability of health professionals. Having recognized this deficiency, the revised strategy of the Ministry of Health now places emphasis on intervention through preventative health care.

The characteristics of the country require cultural adaptation in the distribution and allocation of human resources in health. Recruiting and hiring practices require identifying professional and labor competencies to incorporate adequate staff according to the needs of the population and for the improvement in the provision of health care services at different levels.

III. COUNTRY PROFILE

Belize is located in Central America; it shares a border with Mexico to the north, Guatemala to the west and south, and with the Caribbean Sea to the east. It is 274 km long and 109 km wide. It is a sovereign state governed by the principles of parliamentary democracy based on the British Westminster System. A Prime Minister and Cabinet constitute the executive branch of the government. The country has six administrative Districts: Belize, Cayo, Corozal, Orange Walk, Stann Creek, and Toledo. In 2005, the mid-year population estimate was 291,800 comprised of 144,400 (49.5%) females and 147,400 males (50.5%). The economy is based primarily on agriculture and services. The stability of the currency, with an exchange rate of US\$1.00 to BZ\$2.00, is a major attraction for foreign investment. In 2003, per capita income in constant prices was USD \$3,669,895.00, GDP real growth was 9.4%, and inflation was 2.6%. Poverty estimates in 2002 indicated that 10.8% of the population was very poor or indigent and 33.5% were poor (According to Central Statistics Office, poverty is “The inability to maintain a minimum standard of living”; a World Bank, 1990 definition). The demographic profile is a young population with 50% of the population under 15 years of age, (while 48% were 20 or over.). The literacy rate in 2004 was 76.1%. Life expectancy at birth in 2005 was 72.2 (69.4 for males and 75.3 for females). The crude birth rate was 26.6 births per 1,000 population; the crude death rate was 4.7 per 1,000 population.

Belize has seen a number of improvements in the health status of its people largely due to the primary health care initiative. Nevertheless, Belize faces public health challenges as the epidemiological profile indicates a perceptible shift towards non-communicable diseases. In 2005, the five leading causes of death for all ages were hypertensive diseases, diabetes mellitus, ischemic heart disease, transport accidents and HIV/AIDS.

The government of Belize is the main provider of health services; the Ministry of Health operates a network of health facilities countrywide, which includes one National Referral Hospital, three Regional Hospitals, and three Community Hospitals or polyclinics II, nine polyclinics I, and 24 health centers. Data for 2005 shows that there exist 357 hospital beds, which constitutes 1.2 beds per 1,000 population. There is increased utilization of foreign health professionals to complement human resources in the health sector.

**Ministry of Health
Draft Human Resource in Health Strategic Plan**

Priority Area No. 1: Information System

Current Situation:

1. There is information system in various forms and with various data parameters that is available in different organizations and levels.
2. The information is collated and synthesized by different organizations and regional and central level using different software (BHIS/WINSIG).
3. There is a template, that can be adopted, in the Office of Services Commissions
4. There is a core data set and informational parameters available through the observatories of health of PAHO and from Canada and other countries.

Medium – Long Term Objectives	Implementation Strategies	Coordinating Team	Indicators
1. Electronic data complete (integrated within the wider Health Information System and private sector) and regularly maintained.	1. Interim HRH committee established.	Ministry of Health (MOH)	Human resource data base developed in spreadsheet or other electronic format by end of 2008
	2. Develop policies to guide the HRH information system	Ministry of Education (MOE)	
2. System in place for entering and updating data.	3. Develop database for HRH information; collect information, using proposed fields, on users (collaborate with Services Commissions for template)	Ministry of Finance (MOF)	There is capacity to analyze, interpret and apply this information at all levels by end of 2008
		Services Commissions	
3. Database covering all data set information needs and is continuously adjusted as needed.	4. Develop standardized format for data entry.	Ministry of National Development	Needs-based and evidenced –based planning is evident by end of 2008.
		Ministry of Human Development	
4. HRH unit and Intersectoral Committees utilizing data to advise policy decision and policies.	5. Train actors in data entry	Professional Councils/Associations	
		Unions	
5. Educational Institutions utilizing data and recommendations of the commission to develop needs-based curriculum.	6. Build capacity in users and program planners and management team in analysis, profiling, interpreting data etc.	Intersectoral HRH Commission.	
		Immigration Department	
	7. Analyze and use information for decision-making and Policy development.	Labor Department	

Priority Area No. 2: Restructuring Ministry of Health

Current Situation:

1. Plans and activities have been initiated to separate functions between Ministry of Health and the health regions.
2. Discussions among Ministry of Health/ Services Commissions/ Ministry of Finance are underway.
3. Managers and clerical staff are in place with training to realize this goal however, additional training will be required.

Medium- Long Term Objectives	Implementation Strategies	Coordinating Team	Indicators
There is complete separation of functions of the Ministry of Health.	1. Delegation of functions and responsibilities to create greater autonomy at the regional level. <ul style="list-style-type: none"> • Assign AO • Assign FO • Strengthen clerical support staff Training of managers to build capacity	Ministry's Management Team, Regional Health Teams (RHTs), Ministry of Finance, Services Commissions.	Establishment of an Interim Board for National Health Authority by January 2007 Full Management Team in each region by end of 2008.
Central headquarters will be strong in coordinating, monitoring, setting norms, standards, national policies and enforcement.	1. Separation of Functions of MOH 2. Build capacity for MOH staff	MOH, MOF, Services Commissions	
To have defined structure and authority for Regional Management Teams as it relates to HRM	1. Clarification of process through sensitization workshop to RHTs and Regional Health Councils	MOH and RHTs	
There is a unit within the Ministry of Health dedicated to Human Resource in Health	1. Form interim committee (members appointed by CEO) to coordinate, advise, plan on HRH affairs until HRH unit is established. 2. Develop operational plan for HRH committee	PAPU, CEO, FO, KHMH/HRD, QAC L&A Unit, Administrative staff MOH, Office of Director of Health Services, Regional Manager Rep.	Establishment of a Human Resource in Health Unit by 2010
There is an established Intersectoral Commission that works on HRH in collaboration with HRH unit.	1. Develop and implement Terms of Reference for Intersectoral Commission by Dec. 2006.	MOH, Collaborating Ministries	Formal establishment of Intersectoral Commission March 2007.

Priority Area No. 3: Quality of Health Services Delivery

Current Situation:

1. Licensing and Accreditation Unit has been established with a staff of one professional.
2. Initiative have been started to identify a focal point for quality assurance at the regional level.
3. Norms, standards, manuals, protocols, review of legislations that include HRH on quality standards and performance.
4. Yearly performance reviews are conducted for health care workers.

Medium- Long Term Objectives	Implementation Strategies	Coordinating Team	Indicators
Fully developed and functional Quality Assurance Unit at the central headquarters and regional levels.	Accelerate expansion of Licensing and Accreditation Unit(regulatory Unit)	CEO/ DHS/QAC L&A Unit, PAPU/Social Security Board/Solicitor's General Office/PAHO	Improved outcome performance in all regions – measured by three tier surveys by end of 2008
All health facilities/institutions in the country are accredited.	<ol style="list-style-type: none"> 1. Enact legislations by June 2007 2. Service Level Agreements signed by January 2007. 3. Develop and implement training plan for standards, norms and protocols for all users (external and internal) 4. Develop and implement mechanism for monitoring and evaluation of health care delivery processes. 5. Develop and implement mechanism to effectively reward excellent performance and disciplinary procedures for poor performers 	Office of DHS/PAPU/ L&A Unit/ Private sectors/ RHTs and focal points/PAHO	<p>Better working environments (also measured by survey) end of 2010.</p> <p>Health indicators are achieved as they have been defined in Service Level Agreements end of 2007.</p> <p>Quality improvement indicators, reviews, audits are continuous.</p>

Medium- Long Term Objectives	Implementation Strategies	Coordinating Team	Indicators
All health professionals in country are certified.	1. Enforcement of legislations and standards. 2. Develop and implement mechanism for monitoring and evaluation	Office of DHS/ L&A Unit/ Medical /Nursing and other relevant professional councils/private medical schools	90% of health professionals better and more locally trained measured by outcome indicators by end of 2010.
Medical education programs are certified/accredited according to the MOH standards.	Enactment of legislations. Sensitization training workshops conducted for all users.	MOH/ MOE/Office of Governance	Decrease in attrition rate by 25% by end of 2015.
Education programs continue to adjust to fit health needs of the populace with influence of MOH and its coordination with MOE.			
There is a mechanism for continuous education for health professionals.	Enforcement of standards/ protocols/norms.	Office of DHS/Professional Councils/MOE	Customer satisfaction increased by 10 % by end of 2008
There is a system for continuous needs assessment.		MOH	
There will be regular review and development of the organizational structure with the vision of quality assurance (towards accreditation)		MOH/PAPU/RHTs and focal points/PAHO	
Health education programs are accredited.			

Priority Area No. 4 Monitoring and Evaluation of HRH Strategic Plan

Current Situation:

1. Fragmented approach to HRH planning, monitoring and evaluation.
2. There is a current initiative to develop a process for monitoring and evaluation plan.

Medium- Long Term Objectives	Implementation Strategies	Coordinating Team	Indicators
Develop policies and guidelines for establishment of monitoring and evaluation plan.	<p>Formation of a policy committee.</p> <p>Draft standards, guidelines and procedures.</p> <p>Finalize standards, guidelines and procedures.</p>	Office of DHS/ RHTs/ Office of Governance/ Ministry of National Development/ PAHO	Policies and guidelines developed by March 2007.
Develop capacity in key stakeholders in the execution of the plan.	<p>Develop a plan of training.</p> <p>Identify facilitators and participants for training.</p> <p>Implementation of training activities.</p> <p>Monitor and evaluate application of training.</p>		Training sessions completed by June 2007.
Ensure implementation of the monitoring and evaluation plan.	<p>Dissemination of documents/information materials.</p> <p>Conduct quarterly reviews.</p> <p>Monitor implementation of recommendations.</p>		Monitoring and evaluation mechanism in place by the end of 2007.