



PROJECT PROPOSAL

BELIZE

CURSO RECURSOS HUMANO EN

SALUD

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Agenda

- . Title and objectives
- . Central Content and Strategy
- . Feasibility of implementation
- . Lessons learned
- . Questions and answers, comments.
- . Conclusions and final salute

Objective of the Proposal

**TO APPLY THE WISN TOOL TO
DETERMINE THE HUMAN RESOURCES
NEEDED WITHIN THE 5 NHI CLINICS OF
WHICH ARE A COMBINATION OF
PRIVATE AND PUBLIC MIX.**

Epidemiological Profile of the Population

- issue of cardiovascular diseases which continue to be a major contributor to the burden of disease in Belize
- An associated pathology which is highly prevalent in Belize is diabetes. The ever increasing problems of end-stage renal failure and the need for dialysis facilities that seem not to meet the growing demand, points to a failure in the prevention and proper management of the most common medical conditions leading to these complications, i.e. diabetes and hypertension. Similarly of concern is the social epidemic of violence and injuries. Belize has made great strides in dealing with the challenge of HIV. The epidemic is finally seeing a plateau and an actual decline in incidence with a marked drop in prevalence.

- While great strides have been made in reduction of infant mortality, there remains an extremely high burden of the perinatal / neonatal mortality component, indicating an issue with quality and coverage of prenatal care. The southern districts show some of the worst indicators for child malnutrition. The immunization program continues to be one of the most cost effective interventions within the health sector. The program should also consider the inclusion of other cost-effective interventions: such as the HPV vaccines for prevention of cervical cancer, and the seasonal influenza vaccines.
- Belize's mental health program needs to be strengthened, broadened, and integrated into the mainstream services being rendered. With an increase of life expectancy there is a gradual increase in the population above 60 years. This comes with increasing needs and demands for the health services.
- Adhering to medication regimens, lack of income and limitations in mobility pose some huge challenges for the elderly and the health services are many times not geared towards meeting the special needs of this population.

Health System

- As part of the Health Sector Reform initiative, the MOH reorganized its services into four Health Regions (Northern Region, Central Region, Western Region and Southern Region), headed by Regional Health Managers. Together With its management team and Deputy Regional managers, they are responsible for ensuring the provision of personal and population based services to distinct geographic and population groups. Regional Hospitals serve to maximize the limited resources of the country in order to become more effective and affordable.

- The introduction of the National Health Insurance scheme, initially as a pilot in the South Side of Belize district (2001) and later extended to the Southern Region (2006), focused on Primary Care services delivered through a network of Primary Care Providers that focused on the health of a defined population and geographic base. Protocols and service delivery standards were introduced to define quality services, and monitoring and evaluation as well as mechanisms pay-for-performance schemes which were also introduced to ensure quality performance. Regular facility and clinical protocol audits, and patient satisfaction surveys are used as tools to maintain incentives for quality delivery of services.

Financing

- Given that international benchmarks stipulated that Public Health Expenditure should be around 6% of GDP in order to be able to establish a good health system with the basic tenets of Universal Health Coverage; or that Out Of Pocket Expenditure should not be greater than 20% in order to ensure equity in access to health care, it is obvious there is a wide gap in the overall investment and in the equitable and efficient use of health care financing in Belize even with the implementation of National Health Insurance that provides a basic primary health care package to 1/3 of the population of Belize.

Human Resources

- There is a need for improvement in country-level coordination of health training among the many stakeholders in the health field. Poor coordination in training manifests itself in the following; mismatching skills and an available post, assigned jobs required by the country's health care need. Furthermore; there is a need to strengthen the management of recruitment and deployment of staff. This process should be objective, transparent and appropriate. The above causes serious disruptions in service delivery at facilities serving the most vulnerable populations.

Other HRH Challenges

- Strategic Plan Implementation in ALL areas of Belize (Urban and Rural)
- Dormancy of HRH steering committee
- Challenges to involve all personnel
- Revision of BHIS HRH Module
- Revision of HRH Operational plan
- Recruitment of Doctors and creating posts for young trained returning doctors
- Retain Nurses and Needed Health Professionals
- No Budget assigned to HRH alone
- HRH Unit is only one person –Focal Point
- Focal point turn over
- HRH planning key stakeholders includes MOF and MPS, decisions are not solely MOH
- Regulations of Public Service and Unions can be a deterrent to HRH: standardizing salaries and benefits, movement of right people into the right

Human Resources in Health Work Force in Belize

- Second Measurement of Belize HRH in 2012, HRH in Belize consists of 395 physicians (including 35 Cuban Medical Brigades), 381 Nurses and 42 Midwives.
- Out of a total of 395 full time physicians in Belize, 252(63.8%) are primary health care physicians while 143 are Medical Specialists (36.2%). The physician density ratio by December 2012 is 11.53. There were also 11.12 Nurses per 10,000 of the population, 1.20 for midwives and a country total of 23.87. The rural health personnel consists of 17 physicians, 22 Nurses, 0 midwives giving a total of 39.

- The physician population density ratio for rural Belize is 0.9, while that of nurses and midwives are 1.1 and 0 per 10,000 of the population respectively.
- There still exists a large gap between urban versus rural distribution of healthcare professionals. During the 2009 baseline measurement, the urban density was 38 while the rural was 1.8, ratio 21 to 1.

- nurses to physician ratio of 0.96:1. The Primary Health Care workers are broken down into 18 Public Health Nurse, 63 Rural Health Nurse and 287 Community Health Workers.

The Distribution of the health personnel in Belize

- There were 2,283 workers employed in the health system in 2009, 1279 (56%) were health care providers while the remaining 1004 (44%) were administrative and other support staff. About 43% of health care providers were employed in the District of Belize.
- Women are 68% of the health care provider workforce, outnumbering men 2.2 to 1.
- Healthcare providers are young

- There are 181 general practitioners and 64 medical specialists working in Belize. The current density of physicians per 10,000 population is 7.5 Professional/registered nurses (excluding midwives) with a density of 10.2 per 10,000 population

The formation of HRH in Belize

- Belize has not adopted any global code of practice nor is there ethical norms put in place to guide international recruitment of healthcare professionals. We have had the assistance of the Cuban Brigade and the Nigerian Technical Corporation in supplying Technical personnel. But we have not standardized criteria by which they must follow apart from a brief course in multi-ethnic communities and introductory course in Spanish for the Nigerians. The bi-lateral agreement between Belize and Cuba for example has allowed Belizean trained professionals to be accepted within the Health care system of Belize.

- Belize has a total of five nursing education programs – two of which are certificate programs and three which are bachelor degree programs. Currently no post-graduate education programs at the Masters or Doctoral levels are offered in Belize.

- The University of Belize is the only institution in the country that offers Clinical Health Science programs through the Faculty of Nursing, Allied Health and Social Work. The faculty does not train medical doctors. The nursing and allied health training program of the university have been reoriented to support community-based primary healthcare teams with respect to health service delivery.

HRH Planning

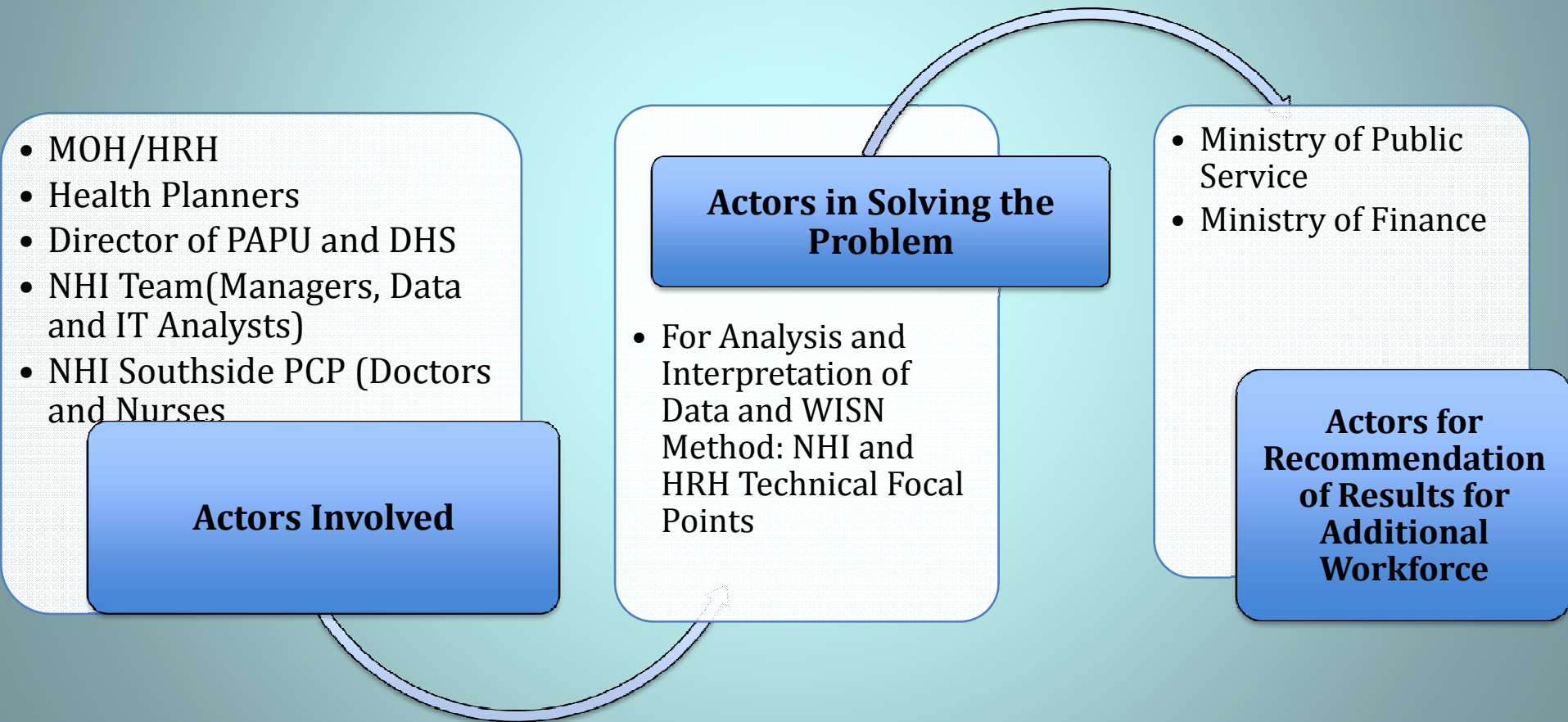
- Everyone has the right to healthcare. The HRH plans need to level the disparities between culture, sexes and economic status to allow all to the same quality health care. The roll out of NHI to cover more regions of the country will address Primary Health Care in alignment with universal health coverage. Presently, NHI PCP model serves only Southside Belize City and the Southern Districts which represent 1/3 of the population of Belize. A government has included in the 2014 budget funds for roll out to one zone in one of the northern districts. However, the challenge is ensuring that the program becomes sustainable and is able to be maintained for the entire country over years to come.

Definition and Expression of the Problem

- Since 2001 the National Health Insurance has contracted primary care providers on the South Side of Belize City, to provide a Basic Primary care package which is in alignment with Universal health coverage of health care services. This eventually will be the standard for Primary care in Belize, as NHI will eventually be rolled out to the entire country.

- These clinics are now providing services to 12,000 and more members. These 4 primary care providers consist of a public, private/NGO mix and presently serve a population of 48,000. Considering the increase in population size and the high demand of services, it is important to reassess the initial model for human resources for these providers to determine if the present HR model is still applicable. The workload of the personnel of these clinics has increased tremendously over the years. To combat the threat of inefficiency and poor quality within the Clinics, an intervention must be done to ensure that the adequate skilled personnel and appropriate quantity are placed within the clinics to ensure quality care.

Role of the Actors



Proposed Intervention

Identification of Purpose

- This HRH course has introduced tools that can assist in better HRH planning based on evidence. The Case studies and exercises within the course proved practical within the countries and may also be practical for Belize's assessment of HRH. Therefore, our intervention will consist of applying the WISN tool within the NHI primary care provider model to determine the appropriate Doctors and Nurses ratio per institution.

Feasibility Analysis

Political Analysis

- Sensitizing Social Security Board, Directors of Ministries of Health, Public Service and Finance; and Administrators of the NHI Clinics and Ministry Of Health PAPU about the usefulness of WISN method and the implications of the results for the Health Care service delivery of the Institutions.

Financial Analysis

- Financial costs would be greatly reduced as the NHI and MOH Team would be acting 'inkind' and technical assistance will be requested from PAHO.

Technical Analysis

- A pilot study within the NHI clinic would be needed. Administrators of the Clinics and Team members of the NHI staff and MOH- PAPU Team would require training in the importance and use of the method.
- Support from the technical team in El Salvador and PAHO would be solicited for the purpose of guidance.
- Other support would be from the NHI IT and Data Analysts.

Legal Analysis

- Legal issues are not expected since the report, once completed would be for the purpose of recommendations regarding best practices for the number of qualified personnel. The results would not be legally binding institutions for mandatory implementation of the recommendations from the Project.

Social Analysis

- Hospitality, friendliness and support of the Nurses and Doctors during acquisition of logs, necessary interviews and focus groups.

Methodology

Refining Strategy

- The Pilot study is designed and developed firstly to be a model recommended for implementation at the other NHI Clinics with in the Southside of Belize City. The following process would be followed for the Pilot study and would serve as the guide for the execution of the method within the other NHI Primary Care Providers.
- The technical expertise of PAHO HRH personnel will be solicited to verify initial WISN results and to render advice on the entire process of the study.

Methodology

Implementing Strategy

- The composition of the group guiding the overall WISN process will be selected; each personnel will be trained regarding WISN by the HRH Focal Points within NHI (SSB) and MOH in collaboration with the PAHO Technical experts.
- The HRH Focal Points of the NHI and MOH will conduct the management of the day-to-day flow of activities in implementing WISN.
- The work content of the staff categories for WISN will be obtained by reviewing logs and conducting interviews with administrators, doctors and nurses workforce. (Indicators and sources of data are included in the Operational Plan).
- The implementation team will meet three times per week, Monday to Wednesday at the Administrative office within the Health care centre.

Methodology

- ***Orienting and Training***
- Orientation to WISN will be conducted for the managing group 2 weeks before the pilot phase. Training sessions will be conducted at the Social Security Board, NHI conference Room. The training session will follow a format of reviewing case studies of institutions that have benefited from the implementation of WISN such as Andalucía/ Spain and the similar version done in El Salvador. The purpose and responses to results would be discussed.
- The implementers and work-content experts would be introduced to the program of WISN and be allowed to follow the step-by-step process of a hypothetical case study.
- The expertise of other countries (e.g. Regional HRH Manager of PAHO, Monica Padilla) will be solicited by teleconferencing and video conferencing. The format of the training will include power point presentations, on hand manipulation of data and discussions of various cases.

- ***Collecting and analysing data***

- The data to be collected and evaluated would include but not limited to: Outpatient visits and procedures; previous calendar year's complete data for each workload component; annual workload statistics (good quality and updated)
- The RAWA data entry tool used for the purposes of NHI would be able to provide some of the information. Other logs available within the Clinics would be accessed. The NHI IT Expert can access RAWA data.
- Data collection would be done first, followed by a period of filtering data of redundancies and duplications or sifting unwanted data. Once the data has been verified as usable, data would be input in computer software then it would be analyzed.
- Calculations from data would be done on a computer.
- The HRH Focal points of SSB and MOH would be analyzing the data; further verification of the analysis would be done by the Technical Support HRH Personnel provided by PAHO. Electronic data would be sent to the Tech support.

- ***Sharing results and integrating WISN***
- After verification of the analysis by PAHO Tech support, the HRH Focal Points would dispense the results to the implementation teams of NHI and MOH. Further discussions would take place within the implementation team and a final Report or recommendations would be submitted to the Stakeholders or Active members: Directors of MOH and SSB (NHI) and Representatives of the Ministry of Public Service and Ministry of Finance, if additional workforce is needed within the Health Care Centre.
- Due process of informing the Managers involved and the Minister of Health of the relevance and benefits of using the WISN method in the management and budgeting for Health care centers within the country, especially those serving the more densely populated areas within the country.

OPERATIONAL PLAN

| Critical Points of the Proposed Project | Expected Results | Evaluation Indicators | Dependent factors | Budget |
|--|---|--|-------------------|---------------------------------|
| Request Technical Expertise in Design and Development of Pilot Study | Technical Guide developed | Technical Guide completed in 4 work weeks. | Support PAHO | Estimated Cost To be determined |
| Selection of Actors involved | Invitations requesting participation | Letters of invitation submitted and confirmation received within 1 work week | MOH/NHI Support | |
| Training Session/ Meetings | Initial Training to present pilot project guide | -Attendance sheet of participants -Pre and Post Test | MOH/NHI/ PAHO | |
| | Group Meetings held with administrators, doctors, nurses | Attendance sheet of participants within 1 week | MOH/NHI | |
| Data Collection | Manual Extraction System extraction Focus Group and Individual Interviews with PCPs Staff | Complete data collected within 4 weeks | MOH/NHI | |
| Data Entry | Data entered into WISN | Data entry completed within 2 weeks | MOH/NHI | |
| Data Analysis | WISN Reports | WISN Reports analysed within 1 week | MOH/NHI | |
| Report | Final Report | Final Report completed in 2 weeks | MOH/NHI | |
| Presentation of Report to stakeholders | Stakeholders sensitized and WISN Model accepted | Implementation of WISN | MOH/NHI | |

TIME LINE

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HRH Course

LESSONS LEARNED

Lessons Learned

- Opportunity to analyze other country experiences in HRH Planning
- Introduction to HRH Tools for planning
- Identification of needed intervention which will determine adequate HRH at Primary Care Providers within the Universal Health Coverage context
- HRH reviews and additional literature of the course can be applied for future proposal and HRH planning
- Exposure to participatory countries progress in HRH
- Similar regional/global challenges in HRH

Saludos Mis Amigos/ Amigas

- DIOS TE BENDIGA
- GRACIAS