Working Together for Our Future:

Belize's Health Workforce Strategic Plan 2010 – 2014

September 2010

Table of Contents

A MESSAGE FROM THE MINISTER OF HEALTH

Our health workforce is the backbone of our health system.

The Belize Health Workforce Strategic Plan for the next five years, 2010-2014, strives to address the issues and challenges facing the health workforce in Belize.

Like all Countries in the Region, Belize is subject to the global crisis in the health workforce. This Global Crisis requires strategic planning and action to face the current situation and to anticipate future needs. In seeking solutions we need to develop evidence-based strategies to train, recruit and retain qualified health professionals in Belize.

Only through a joint effort of all stakeholders can we promote and support the development of the health workforce in Belize. Working together we can achieve the vision and goals proposed in this Strategic Plan. We are grateful for our international friends and health partners who collaborate with our local health professionals to strengthen the provision of health care services to those who need them the most.

Implementation of the strategic plan will move us closer to a more capable, knowledgeable, dynamic and resourceful workforce serving the population of Belize, contributing to the well-being of healthier families and communities.

My congratulations go out to the team that has developed this important document that further strengthens the foundation upon which we continue to build our Vision, of quality health care for all Belizeans.

Honorable Pablo Marin
Minister of Health
Ministry of Health
Government of Belize

List of abbreviations:

BHIS	Belize Health Information System
CDB	Caribbean Development Bank
CARICOM	Caribbean Community
GU	Galen University
HRH	Human Resources in Health
IDB	Inter American Development Bank
MAG	Ministry of the Attorney General
MED	Ministry of Economic Development
MFA	Ministry of Foreign Affairs
MHD	Ministry of Human Development
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MOL	Ministry of Labour
NGOs	Non-Governmental Organizations
PAHO	Pan American Health Organization
PAPU	Policy Analysis and Planning Unit, Ministry of Health
SICA	Central American Integration Secretariat (Secretaría de Integración de Centro América)
UB	University of Belize
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UWI	University of West Indies
WB	World Bank
WHO	World Health Organization

Working Together for Our Future: Belize's Health Workforce Strategic Plan 2010-2014

Introduction

In developing this human resources in health (HRH) plan, we consulted extensively with our health partners across the country. As a result of these consultations, the plan reflects our common vision, goals and objectives.

The actions reflect our collective commitment to:

- Recognizing and retaining the health professionals that Belize has and supporting them in the work they are doing;
- Improving our self-sufficiency in training our own health professionals, within available resources;
- Recruiting from outside Belize to supplement our own supply; and
- Finding innovative ways to keep Belizean youth in our country by providing them with training and employment opportunities in the health care field.

The development of this plan is not a government strategy nor does it belong to any one organization or profession. Rather, it is a national strategy that brings together the views and experience of people in health care, education, professional bodies and government sectors.

Collaboration and partnership of stakeholders will be vital to the ongoing success of this plan. For this reason, the Belize Human Resources for Health Observatory will guide future actions and help measure progress.

We would like to thank all our partners for their hard work in developing this plan and look forward to its successful implementation.

Need For a Strategic Plan for the Belize Workforce

Human resources for health (HRH) planning is about ensuring that there are enough health workers in Belize to meet the health care needs of our population. The general aim of HRH planning is to provide the information and tools needed for decision-makers to make informed, strategic decisions in getting and keeping the HRH that are required and making the best use of their skills within Belize's health system that is affordable and sustainable.

Having the right supply, distribution and appropriately deployed HRH is critical to having an effective and efficient health care delivery system in Belize. Policies on recruitment and retention, education and training, licensure, safety and deployment all impact on HHR availability and the stability of our workforce. The outcomes of health service delivery depend to a large extent on appropriate HRH utilization. An efficient mix of human, fiscal and other resources are required to achieve the best outcomes for our population in terms of improved health status, for health care workers in terms of healthier and more stable work environments, and for the health service delivery system in terms of overall effectiveness and efficiency.

Given the global climate of growing fiscal restraint and increasing competition for limited resources, the importance of having effective planning tools to better inform our decision-making processes is becoming more critical. As such, there is increasing demand for Belize to develop and implement HRH program management and planning tools that contribute to evidence-based health services planning and delivery.

It is important that HRH plans and forecasts be updated and assessed regularly. Effective HRH planning requires a broad range of information to enable the function to be carried out effectively. This includes information on the goals and functioning of the health care delivery system, including how it is funded and managed as well as how programs and policies are being developed, implemented and evaluated. Given that health care is a people-based, resource intensive industry, it is also critical to have current, reliable and comprehensive HRH information in order to determine its scope and capacities to effectively support our changing health care delivery system in meeting priority needs of our population in a way that is sustainable over the long term.

In addition to gathering data on HRH numbers, a number of key indicators are required in order to be able to monitor on an ongoing basis the impact of new HRH policies and programs on the overall stability, effectiveness and efficiency of our health workforce.

Toronto Call to Action

The Toronto Call to Action for a Decade of Human resources in health in the Americas (2006-2015) brought together the discussions of the working groups of the Seventh Regional Meeting of the Observatories of Human resources in Health in October, 2005. The Call to Action aimed to mobilize the health sector, nationally and internationally, to

collectively strengthen HRH through both policies and interventions, in order to achieve the Millennium Development Goals (MDGs) and to provide access to quality health services for all the peoples of the Americas by the year 2015.

Building momentum for future collaborative action, the conference strongly reinforced the need for making long-term, directed and coordinated efforts to promote, strengthen and develop the work force in health in all the countries of the Region of the Americas. It also agreed on primary areas of action.

HRH Plan of Action in the Americas

A summary of actions and proposals for a HRH plan of action in the Americas was submitted for consideration to the 47th Directing Council in August, 2006. The plan of action recognized that the quantity, quality and distribution of HRH must be enhanced to achieve the health goals of the countries of the Americas. To this end, it was recognized that a planned and sustained effort was needed that would require not only internal work in countries, but also collaboration among countries, sharing experiences and knowledge.

Health Agenda for the Americas

In June 2007, a Health Agenda for the Americas, 2008-2017, was launched by the health ministers of the Region during the 37th regular session of the General Assembly of the Organization of American States. The Health Agenda expressed the shared vision of the countries of the Americas for addressing the expected trends and challenges over the next decade to improve the health among the peoples of the Region. It specified eight areas of action including strengthening the management and development of health workers.

The Health Agenda reflected the need to collaborate to address the principal challenges of defining long-term evidence-based policies and plans to develop the health workforce; resolving inequities in the distribution of health workers; promoting national and international initiatives for countries to retain health workers and avoid personnel deficits; improving personnel management capacity and working conditions; and, linking training institutions with health services for joint planning to address the needs and profiles of professionals in the future.

Regional Goals for Human Resources for Health 2007-2015

At the 27th Pan American Sanitary Conference in July 2007, twenty Regional baseline goals, organized under five principal challenges, were presented and adopted. The strategic goals were intended as an orientation and framework for the analysis and formulation and enrichment of the national ten-year HRH development strategies, according to the specific situation of each country and objectives that are realistic to attain in each context. These five principal challenges were to:

- Build long-range policies and plans to adapt the work force to the changes in the health system.
- Put the right people in the right places, achieving an equitable distribution according to the health needs of the population.
- Promote national and international initiatives for countries affected by migration to retain their health workers and avoid personnel deficits.
- Achieve healthy workplaces and promote a commitment of the health work force with the mission of providing quality services to the whole population.
- Develop mechanisms of cooperation between training institutions and the health services institutions to produce sensitive and qualified health professionals.

Health Workforce Planning in Belize

In the 1990s, Belize ranked in 40th place out of forty-seven countries of the Region of the Americas in terms of density of HRH. Belize exhibited strong growth over that decade, rising to 29th place by the year 2000, and ranking in 1st place with respect to the seven countries of the Central America Isthmus. By 2005 however, of the thirty countries surveyed, only three had a lower number of physicians per 10,000 population than Belize. By contrast, Belize ranked in 2nd place in Central America and in 9th place within the Region of the Americas in terms of the total supply of nurses.

The Government of Belize Health Sector Reform Program (2007-2011) emphasized strengthening the organizational and regulatory capacity of the public sector, service rationalization and improving coverage and quality of services, and the establishment of a National Health Insurance Scheme (NHIS). A principal aim of the reform program included a national policy to identify, streamline and better manage HRH.

In support of the Belize Health Sector Reform Program, a national HRH unit (or technical post) and team, regional HRH planning committees, an HRH information system and an HRH strategic plan were all identified as priorities for action.

According to the Health Agenda 2007-2011 by the MOH, a health care system is envisaged as one based on equity, affordability, accessibility, quality and sustainability in effective partnership with all levels of government and the rest of society to develop a maintain an environment conducive to good health. Human rights norms and standards provide important avenues towards increasing accountability for health. Governments have legal obligations – they must respect human rights and can not directly or indirectly violate the human rights and fundamental freedoms of individuals and communities (vulnerable persons). All countries are required to show constant progress in moving towards full realization of rights. There are four criteria by which to evaluate the right to health – availability, accessibility, acceptability and quality.

A project was completed in 2009 that collected, analyzed and reported on a "HRH core data set" for Belize. A research team was established with support from the MOH, the University of Belize, and the Pan American Health Organization/World Health Organization. This "core data set" of quantitative and qualitative data that includes stocks and flows, education, and management and regulation, reveals the landscape of HRH of Belize and highlights immediate concerns or issues. The report on the Core Data of Belize may be found in the PAHO publication, titled *Core Data: Human Resources for Health; Belize 2009* as well as on the Belize MOH website.

Belize Observatory of HRH

It is a cooperative initiative to produce information and knowledge necessary for improving human resources policy decisions, and sharing the country experiences in order to improve human resource development in the health services. It promotes intersectoral efforts, oriented to collect and analyze the stock, imbalances and trends in health human resources, prioritize an agenda of issues to be tackled, and advice on long and medium term policy development

Vision and Goals

The Ministry of Health envisions a national health care system which is based upon equity, affordability, accessibility, quality and sustainability in effective partnership with all levels of government and the rest of society in order to develop and maintain an environment conducive to good health. The following table outlines the vision for Belize's health workforce:

Vision for

Belize's Health Workforce

Belize will have a sustainable health workforce that is knowledgeable, skilled and adaptable. The workforce will be distributed to achieve equitable health outcomes, suitably trained and competent. The workforce will be valued and able to work within a supportive environment and culture. It will provide safe, quality, preventative, curative and supportive care, that is population and health consumer focused and capable of meeting the health needs of the Belizean community.

The goals which underlie the vision are to ensure Belize has available a health workforce that is:

- **population and health consumer focused –** able to deliver safe, appropriate, quality care that maximizes health outcomes, improves the health and well being of the Belizean community and accommodates community expectations, all with in a population health framework
- **sustainable –** in terms of service and financial sustainability, and ensuring there is adequate workforce supply, both now and into the future
- **distributed to achieve equitable health outcomes –** to ensure equitable access to health care regardless of location
- **suitably trained and competent –** appropriately educated with continuing maintenance and improvement to professional competence
- **flexible and integrated –** able to undertake multiple tasks, work in community and/or institution based settings and in multidisciplinary teams, but also that work-life balance is respected
- **employable –** optimal use can be made of available skills and new skills taught
- **valued –** career satisfaction is maximized and work is undertaken within a supportive environment and culture

STRATEGIC DIRECTION 1:

Long range policies and plans implemented, monitored and evaluated to adapt the health workforce to meet the changing health system and health conditions of the population

1.1 Institutionalization of processes for the implementation, monitoring and evaluation of HRH strategic plans.

As outcomes we expect to see:

1.1.1 An inter-sectoral, multi-disciplinary long range guidelines for the development of HRH produced/created

1.1.2 Implementation of long range guidelines, institutionalization of processes for monitoring and evaluation, and wide dissemination of plans and their evaluations

1.1.3 Institutionalization of impact analyses of any capital, health service/program, health education program, or plan on the development of HRH

1.1.4 Institutionalization of multisectoral joint assessments for the monitoring and evaluation of HRH strategic plan

1.1.5 Institutional integration of human rights, law-based approach in the preparation, monitoring and evaluation of national/regional HRH strategic plans

Indicators

- Long range guidelines for the development of HRH finalized by the end of 2010
- Belize's Health Workforce Strategic Plan 2010 – 2014 disseminated widely by the end of 2010
- Monitoring and Evaluation plan developed by the end of 2010
- All capital, health service/programs, health education programs, and plans including impact analyses on the development of HRH by the end of 2014
- Commitment and full support of Ministry of Health to integrating human rights, law-based approach in the preparation, monitoring and evaluation of HRH plans by 2010

Leadership

PAPU - MOH

Stakeholders

MOH, MOE, MFA, MPS, MHD, MED, Health Professions Regulatory Bodies, Health Regions, Private Sector, NGOs, UB, UWI,

GU, PAHO/WHO, UNFPA, UNICEF, IDB, WB, CDB, Embassies/Consulates

1.2 Implement, monitor and evaluate HRH policies

As outcomes we expect to see:

1.2.1 Identification of priority areas where HRH policies need to be generated and elaboration of a plan of action for HRH development, implementation, monitoring and evaluation

1.2.2 Implementation of HRH policy regarding self-sufficiency to meet national health workforce needs

Indicators

- HRH National Policy document produced by mid 2011
- Number of policies generated and supported by an action plan
- Country capacity for HRH self-sufficiency assessment conducted in 2011

Leadership

PAPU - MOH

Stakeholders

MOH, MOE, MHD, MED, MFA, Health Professional Regulatory Bodies, Private Sector, NGOs, UB, UWI, GU, PAHO/WHO, UNDP, UNICEF, UNFPA, IDB, Embassies/Consulates

1.3 Strengthen the capacity and capability for HRH strategic planning and evidence-based policy development

As outcomes we expect to see:

1.3.1 Consensus reached on a set of core competencies for HRH strategic planning and policy development

1.3.2 An established HRH Unit in the MOH with the capacity and infrastructure to coordinate and oversee development, implementation, monitoring and evaluation of country-wide HRH policies, plans, and strategic directions

1.3.3 Strengthened skills and competencies in the PAPU in the MOH regarding HRH strategic planning and evidence-based policy development

1.3.4 Strengthened skills and competencies at the national, regional and institutional levels regarding HRH strategic planning, management and evidence-based policy development

1.3.5 Organized and coordinated functional communities of practice that enhance HRH strategic planning and evidence-based policy development

1.3.6 Participation in regional HRH meetings (e.g. Regional Observatory of HRH, SICA, CARICOM, etc.) and results used to inform decision-making

Indicators

- Core Competencies for HRH established by November 2010
- Fully functional, supported and resourced HRH Unit established at MOH by April 2011
- Number of training sessions conducted to strengthen regional and institutional levels regarding HRH planning and management
- Participation on training/education activities on HRH strategic planning, management and evidence-based policy development
- One HRH planning and policy development community of practice established by mid 2011
- Number of meetings of Regional and Sub-Regional Observatories of Human Resources attended and activities implemented in compliance with commitments made.

Leadership

PAPU - MOH

Stakeholders

MOH, MOE, MHD, Health Regions, Health Institutions, Health Professions Regulatory Bodies, NGOs, Private Sector, UB, UWI, GU, PAHO/WHO, UNFPA, UNICEF, IDB, Embassies/Consulates

1.4 Strengthen the HRH database for evidence-based planning and policy development

As outcomes we expect to see:

1.4.1 Institutionalized processes for the entry of agreed minimum core data sets from HRH data generators (e.g. service providers, training institutions, professional associations, regulatory bodies) into the human resource module of the Belize Health Information System (BHIS)

1.4.2 Consensus reached on the operational definition of the variables and terminology to be used when entering data into the human resources module of the BHIS

1.4.3 Institutionalized HRH data collection, compilation, interpretation and analysis processes and use of reports for evidence-based planning, policy development, monitoring and evaluation, management and decision making.

Indicators

- HRH standardized minimum core data set defined by end of October 2010
- Operational definitions developed by end of October 2010
- HRH module methodology, function and application defined in the BHIS by mid 2011

Leadership

Information and Computer Services - MOH

Stakeholders

MOH, Health Professions Regulatory Bodies, Private Sector, NGO, UB, UWI, PAHO/WHO, UNFPA, UNICEF

1.5 Strengthen legal and regulatory framework related to HRH

As outcomes we expect to see:

1.5.1 Enactment of the Medical Practice Bill

1.5.2 Enactment of legislations for Pharmacists and Allied Health Practitioners

1.5.3 Enactment of a revised Nursing and Midwives Council Act

1.5.4 Strengthen international cooperation for HRH

Indicators

- All bills passed into Law by end of December 2010
- Monitoring and Evaluation plan for the reinforcement of the new Acts developed by July 2011
- Specific areas of commitment and cooperation with international partners identified by mid 2011

Leadership

PAPU - MOH

Stakeholders

MOH, MPS, Health Professions Regulatory Bodies, Health Regions, Private Sector, NGOs, PAHO/WHO

1.6 Strengthen International Cooperation for HRH

As outcomes we expect to see:

1.6.1 Strengthened bi-lateral cooperation agreements for the exchange, training and provision of HRH

1.6.2 Increased participation of Belize representatives at selected international HRH career fairs

1.6.3 Strengthened international cooperation that addresses Belize's unaddressed "unmet" HRH needs.

1.6.4 Harmonization of technical and professional curricula both in the Central American and Caribbean Sub-Regions

1.6.5 Participation in international HRH meetings (e.g. Regional Observatory of HRH and Sub-regional SICA and CARICOM, etc.) and resulting information used to inform decision-making

Indicators

- Number of technical/professional careers harmonized among universities of the Sub-Regions
- Number of meetings of International Observatory of Human Resources attended
- Number of activities implemented in compliance with commitments made.

- Agreement on sub-regional cooperation on curricula harmonization by mid 2011

- 100% of international cooperation in health objectives and activities aligned with priority needs identified in the national health plan

Leadership

Chief Executive Officer - MOH

Stakeholders

MOH, MAG, MOE, Health Professions Regulatory Bodies, PAHO/WHO, UNICEF, UNFPA

STRATEGIC DIRECTION 2:

HRH distributed to the needs of the population
"Right People in the Right Places"

2.1 Strengthen the systems of recruitment and selection of HRH

As outcomes we expect to see:

3.1.1 Reviewed and modified job descriptions for various categories of MOH workforce to determine whether it would be useful to have a single job description

3.1.2 Memorandum of Understanding developed between MPS and MOH for effective recruitment, selection and hiring of HRH

3.1.3 Reinforced adherence to clearly defined criteria for the advertisement of vacancies within the MOH

3.1.4 Implemented compliance mechanisms addressing administrative challenges in recruitment, selection and appointment processes in the MOH

Indicators

- Job descriptions reviewed and modified by end of 2011.
- Memorandum of Understanding signed by early 2011.
- Adherence report produced annually beginning in 2011
- Annual reports of implementation and compliance to mechanisms by 2011

Leadership

Chief Executive Officer - MOH

Stakeholders

MOH, MPS, MOF, MOL, MAG, Office of the Ombudsman, Health Professions Regulatory Bodies, Labour Unions

2.2 Strengthen the recruitment and retention strategies and plans of HRH

As outcomes we expect to see:

2.2.1 Increased health care professionals (physicians, nurses, midwives) density level ratios to move

towards achievement of WHO recommended ratios

2.2.2 Implementation, monitoring and evaluation of recruitment and retention strategies and plans for different HRH cadres

2.2.3 Recommendations on remuneration levels implemented for different categories of HRH

2.2.4 Human resource needs defined for primary health care with an associated implementation plan to fill gaps

2.2.5 Health workers recruited and hired to fill existing MOH vacancies and newly created positions

2.2.6 "Attachment" opportunities institutionalized at selected health facilities inside and outside of Belize for HRH at different levels and in different cadres

2.2.7 Disseminated educational opportunities to meet licensing requirements

2.2.8 Strengthened skills and competencies for different levels and different cadres in health services management

2.2.9 Multiple teaching-learning methodologies implemented and informed by best practice

2.2.10 Strengthened on-the-job and at home quality distance continuing education modalities

2.2.11 Implemented strategies and plans to address distribution of HRH between urban and rural areas and among districts and regions that promote equity and accessibility

Indicators

- Human resource density ratio level exceeds 20 per 10,000 population by 2012 (25 by 2015).
- Recruitment and retention plans monitored and evaluated by 2012
- Remuneration levels strengthened for different cadres by 2014
- Human resource needs for primary health care identified by 2012
- Current vacancies and newly created posts filled by early 2011
- Policy developed and approved by end of 2011 on attachments providing educational opportunities both inside and outside of Belize
- List of continuing education opportunities, approved by the Council of Nurses and Midwives to meet licensing requirements, published by end of 2010.
- Skills and competencies in different categories of MOH Staff assessed by end of 2011.
- The use of distance education by training institutions increased by 2012
- Disseminated MOH's report on HRH enrolled in distance education by 2012.
- Incentive packages for HRH assigned to distant rural areas and the Cayes by 2010.

Leadership

PAPU - MOH

Stakeholders

MOH, MOE, MPS, MFA, MOF, MOL, Health Professions Regulatory Bodies, Health

Regions, Hospitals, NGOs, Private Sector, UB, UWI, GU, PAHO/WHO, UNICEF, UNFPA

2.3 Strengthen inter-cultural competencies of the HRH

As outcomes we expect to see:

2.3.1 Institutionalized pre and post health sciences education to build inter-cultural competencies in the HRH

2.3.2 Integrated guidelines to encourage indigenous students to enroll in health sciences training programs

2.3.3 Strengthened recruitment of indigenous peoples into the HRH

Indicators

- Pre and post health sciences education building cultural competencies incorporated and institutionalized by 2014
- Enrollment of indigenous students in health sciences training programs increased by 2011
- Report disseminated by 2010 on number of indigenous people recruited

Leadership

UB

Stakeholders

MOH, MOE, Health Professions Regulatory Bodies, Health Regions, NGOs, UB, UWI, GU, PAHO/WHO, UNICEF, UNFPA, IDB

2.4 Implement strategies to increase the proportion of primary health care physicians to the total physician workforce

As outcomes we expect to see:

2.4.1 Strengthened strategies for the recruitment and retention of primary health care physicians

2.4.2 Institutionalized mechanisms to track medical students (academic progress) receiving GOB or bilateral financial support

2.4.3 Development of policy outlining revised fee schedule between MOH and Social Security Board for delivery of primary health care services under National Health Insurance

2.4.4 Implementation of policy on remuneration levels for primary health care physicians

Indicators

- Report disseminated by 2014 on primary health care teams that are led by primary health care physicians
- Report disseminated by 2011 on medical students receiving financial support from MOH and MOE
- Policy outlining revised fee schedule developed by 2012
- Policy on remuneration implemented by 2012

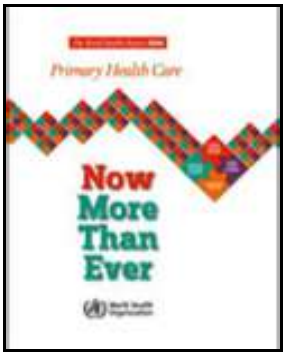
Leadership

PAPU & Chief Executive Officer - MOH

Stakeholders

MOH, MPS, MOF, MOE, MFA, Social Security Board, Health Professions Regulatory Bodies, Health Regions, UB, UWI, PAHO/WHO

2.5 Strengthen primary health care teams to have a broad range of competencies that contribute to improved Primary Health Care



As outcomes we expect to see:

2.5.1 Consensus reached on an agreed set of core public health (clinical and non-clinical) competencies providing a common framework to strengthen primary health care teams

2.5.2 Institutionalized inter-professional and inter-team primary health care training

2.5.3 Strengthened skills and competencies of community HRH, teachers, village health councils and traditional birth attendants

Indicators

- List of core public health competencies agreed to by 2013
- Inter-professional and inter-team training institutionalized by 2013
- Skills and competencies strengthened by 2014

Leadership

Director of Health Services - MOH

Stakeholders

MOH, MHD, MOE, Health Regions, Health Professions Regulatory Bodies, NGOs, UWI, UB, GU, UNFPA, UNDP, PAHO/WHO, UNICEF

STRATEGIC DIRECTION 3:

Migration of Human Resources for Health monitored And international recruitment promoted as needed

3.1 Migration of Human Resources for Health monitored and analyzed

As outcomes we expect to see:

3.1.1 Policy developed regarding national self-sufficiency in HRH for Belize.

3.1.2 Impact analyses (national economy, health services accessibility, higher education admission/graduation policies) on migration of health professionals.

3.1.3 Migration of human resources inr health monitored and analyzed (e.g. quantity, patterns, trends of beneficiaries and recipients).

Indicator

- Policy on national self-sufficiency in HRH approved by the end of 2011
- Impact analyses completed on migration of nurses and midwives used for decision-making by 2012
- Analytical report on migration of human resources for health produced annually beginning 2011

Leadership

Deputy Director of Health Services (Nursing) - MOH

Stakeholders

MOH, MOE, MFA, Ministry of Immigration, MOF, MOL, MED, Health Professions Regulatory Bodies, UB, UWI, PAHO, CARICOM, Countries Recruiting Health Workers from Belize

3.2 International recruitment of Human Resources for Health promoted as needed

As outcomes we expect to see:

3.2.1 Strengthened bi-lateral agreements for the exchange and provision of HRH

3.2.2 Increased participation of Belize at international HRH career fairs

3.2.3 Strengthened mechanisms with Health Professional Regulatory Bodies of recognition and integration of foreign-trained health professionals

3.2.4 Strengthened mechanisms (including communication of resolution to key stakeholders) of licensing requirements for short term health professionals providing health care services in Belize

3.2.5 Strengthened monitoring and evaluation of health professionals providing health services in Belize

3.2.6 Strengthened competencies of foreign trained health workers on the health, cultural and social contexts of Belize

3.2.7 Adopted World Health Organization Global Code of Practice on the International Recruitment of Health Personnel (for non-Commonwealth countries) and Adopted Commonwealth Code of Practice for the international recruitment of HRH.

Indicators

- Bi-lateral agreements for the exchange and provision of Human Resources for Health reviewed by 2012
- Participation in at least one selected international HRH career fair before 2012
- Licensing process for foreign-trained health professionals posted on MOH and GOB websites by 2011
- Regional and national compliance reports published and disseminated quarterly beginning 2011
- Monitoring and evaluation plan developed by 2012
- Orientation program defined for foreign trained health workers including cultural sensitization by 2011
- National code of practice for international recruitment of HRH developed by 2012.

Leadership

Director of Health Services - MOH

Stakeholders

MOH, MOE, MPS, MFA, MOF, Health Professions Regulatory Bodies, UB, UWI, GU, PAHO/WHO, Relevant NGO, Relevant Embassies

STRATEGIC DIRECTION 4:

Healthy workplaces promoted by providing a conducive environment fit for work

4.1 Occupational Safety and Health policies promoted in the health workforce

As outcomes, we expect to see:

4.1.1 Occupational Safety and Health Policies, plans, standards and guidelines developed at the national and regional levels for health workers in accordance with the OSH Act;

4.1.2 Occupational Safety and Health policies, plan, standards and guidelines implemented at the national and regional levels;

4.1.3 Safer work environments for health workers currently exposed to occupational hazards

4.1.4 National focal points along ministerial/institutional lines for Occupational Safety and Health Committees identified

Indicators

- National OS&H Policy submitted to Cabinet for endorsement by middle of 2011
- 20% of health workforce trained on occupational health and safety Act, policy, plan, standards & guidelines by the end of 2012, 40% by the end of 2013 and 50% by the end of 2014
- Hazard Regulations adopted nationally and adapted to health workplaces by first quarter of 2012
- At least five focal point individuals representing different ministries/institutions appointed by middle of 2011

Leadership

MOH, MPS

Stakeholders

MOH, MOL, MPS, MOF, MED, and all other ministries and statutory bodies, Health Professions Regulatory Bodies, Health Regions, Hospitals, Private Sector, NGOs, UB, PAHO/WHO, International Labour Organization

4.2 Implement Leadership Programmes and Development Initiatives in Occupational Safety and Health for the health workforce

As outcomes we expect to see:

4.2.1 Leadership programs and development initiatives in Occupational Safety and Health focused on HRH.

Indicators

- Leadership training conducted of 20% of Occupational Safety and Health Committees (including focal points) by the end of 2011; 40% by the end of 2012 and 50% by the end of 2014

Leadership

MPS, Ministry of Health, MFA

Stakeholders

MOH, MOE, MFA, MOF, MPS, Health Professions Regulatory Bodies, Health Regions, NGOs, UB, UWI, GU, WB, IDB, PAHO/WHO, UNICEF, UNFPA, Private Sector

4.3 Adherence to Occupational Safety and Health policies and procedures in the health workforce

As outcomes we expect to see:

4.3.1 Occupational Safety and Health operational manual(s) implemented

4.3.2 Compensation packages specific to Occupational Safety and Health for health workforce improved

4.3.3 New compensation packages specific to Occupational Safety and Health for health workforce adopted/adapted

Indicators

- Institutions conduct bi-annual evaluation of all health workers' adherence to the OSH manual(s) beginning 2013

- Occupational Health & Safety compensation packages updated to reflect current best practises by the end of 2012

- 20% of health workforce sensitized on occupational health and safety compensation packages etc. by the end of 2012, 40% by the end of 2013 and 50% by the end of 2014

Leadership

MPS

Stakeholders

MOH, MOE, MOL, MPS, NGOs, Private Sector, Health Facilities, Health Professions Regulatory Bodies, Health Regions, PAHO/WHO, UNICEF, UNFPA, UB, GU

STRATEGIC DIRECTION 5:

Mechanisms of cooperation strengthened between Education Institutions and the Health Sector

5.1 Strengthen mechanisms for effective harmonization of the health and education sectors

As outcomes we expect to see:

5.1.1 Strengthened joint assessment, planning and evaluation mechanisms between health and education institutions

Indicators

- At least one joint assessment of a health training program completed by 2012.

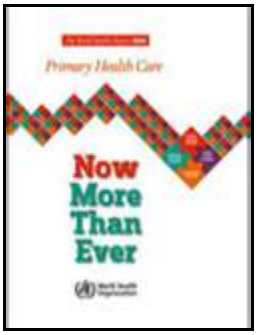
Leadership

MOH, UB

Stakeholders

MOH, MOE, Health Professions Regulatory Bodies/Councils, UB, UWI, GU, PAHO/WHO, International Cooperation Agencies, National Councils & NGOs

5.2 Strengthen health education programs with emphasis on Primary Health Care (PHC) services



As outcomes we expect to see:

5.2.1 Implemented inter-disciplinary team approach to training Primary Health Care strategies

5.2.2 Sustained Primary Health Care common courses for health sciences students

5.2.3 Developed policy to reorient health sciences education towards primary health care

Indicators

- An inter-disciplinary revised curricula to ensure reorientation towards primary health care and community health needs by 2014

- Primary health care course prerequisite for all health sciences students by end of 2011

- Policy implemented to reorient health sciences education towards primary health care by mid of 2011

Leadership

MOH, UB

Stakeholders

MOH, MOE, MHD, Health Professions Regulatory Bodies, Health Regions, UB, UWI, GU, PAHO/WHO, UNICEF, UNFPA

5.3 Advance towards accreditation of health education programs/training institutions.

As outcomes we expect to see:

5.3.1 Strengthened capacity and infrastructure of nursing, midwifery, and allied health education programs in Belize

5.3.2 Completed internal and external review of health education programs to satisfy accreditation requirements

Indicators

- Increased number of licensed professional health workers by 2014.

- Program structure and sequence properly aligned with clinical placements by 2010.

Leadership

UB and MOH

Stakeholders

MOH, MOE, Health Professions Regulatory Bodies, Health Regions, Private Sector, NGOs, UB, UWI, GU, St. John's Junior College, Bureau of Standards, Educational/training institutions/programs outside of Belize, WB, IDB, PAHO, UNICEF, UNFPA.

5.4 Strengthen alignment of health education programs with HRH needs

As outcomes we expect to see:

5.4.1 Increased and formalized international strategic alliances with training institutions (Cuba, UWI, Japan, and Taiwan) to deliver components of Belize's health education curriculum to training institutions in Belize

5.4.2 Implemented strategies to reduce student attrition rates in health education programs at the training institutions in Belize

5.4.3 Implemented strategies to strengthen the successful graduate pass rate of Belize health sciences regional examination

Indicators

- Attrition rates reduced by half
- Graduation rates increased by 50% by 2014.
- Successful pass rates increased up to 50% on the first try by 2013

Leadership

UB

Stakeholders

MOH, MOE, MFA, Health Professions Regulatory Bodies, Health Regions, UB, UWI, Strategic Health Education partners outside of Belize, CARICOM, PAHO/WHO

5.5 Improve clinical placement processes

As outcomes we expect to see:

5.5.1 Improved and formalized preceptorship programs across the medical, nursing, midwifery and allied health education programs

5.5.2 Institutionalized recognition program for preceptors

5.5.3 Increased ability to provide health sciences students with clinical placement within Belize

5.5.4 Clinical placements supported within Belize for those students enrolled in education seats that have been purchased in another country

5.5.5 Increased clinical placements in rural and more remote population of Belize

5.5.6 Implemented virtual clinical training and/or clinical stimulation alternatives

Indicators

- Contract signed between UB and participating practice-based institutions for Preceptorship Program by 2010
- Annual Recognition and Orientation Preceptorship Program established by 2010
- Number of students increased at clinical sites
- Number of students (enrolled in education seats that have been purchased in another country) at clinical sites increased
- Number of students placed at clinical sites in rural and more remote parts of Belize increased
- One clinical online training session a month established starting end of 2010

Leadership

Education and Training Institutions

Stakeholders

MOH, MOE, MFA, Health Regulations Regulatory Bodies, Health Regions, Private Sector, UB, UWI, GU, PAHO/WHO

5.6 Strengthen the planning, implementation, management, and monitoring of scholarships for the HRH

As outcomes we expect to see:

5.6.1 Increased health sector scholarships funded for students under a range of various schemes

5.6.2 Increased available health scholarships offered for those needed health occupations where there are currently no programs being offered in Belize such as occupational therapy, health planning, health education, entomology, nutrition, physical therapy, speech therapy, biomedical engineering, etc.

5.6.3 Wide dissemination through a broad range of social communication methods of possible sources of financial support for education/training of nurses, midwives, allied health and other health workers

5.6.4 Wide dissemination through a broad range of social communication methods of training institutions/countries that can train and educate via various methodologies to meet training needs of health workers at different levels and in different categories

5.6.5 Decision-making for scholarships informed by the mapping of vacancies and identification of health training needs

5.6.6 Institutionalized mechanisms to strengthen transparency of processes for awarding scholarships and bursaries

5.6.7 Institutionalized mechanisms to track students [academic progress and career planning] and level of support (in-kind and financial)

Indicators

- Participation of funding agencies increased
- Number of applicants increased for needed health occupations not available in Belize
- Number of applications increased for various available scholarship opportunities for nurses, midwives, allied health and other health workers
- Number of applications increased for various available scholarship opportunities in different training institutions/countries
- Scholarship selection process based on vacancies mapping and identified health training needs
- Scholarships and bursaries awarded based on identified needs with absence of interference at the ministerial level
- Academic (student progress, career planning, support) database of HRH available

Leadership

MOE and educational instituttions

Stakeholders

MOH, MOE, MFA, Health Professions Regulatory Bodies, UB, UWI, PAHO/WHO

5.7 Promote alliances with elementary and secondary schools to promote careers in the health sector

As outcomes we expect to see:

5.7.1 Elementary and secondary schools system offering requisite courses to help ensure applicants have the necessary entry requirements into training institutions for careers in the health sector

5.7.2 Enhanced profile of health careers in elementary and secondary schools

Indicators

- Number of elementary and secondary school students obtaining requisite courses in preparation for higher health education increased

- Number of visits promoting health careers to primary and secondary schools increased

Leadership
MOE and Educational Institutions

Stakeholders

MOH, MOE, Health Regions, Elementary and Secondary Schools, UB, UWI, GU, Health Professions Regulatory Bodies, PAHO/WHO

MANAGING THE PLAN: Monitoring and Evaluation

This plan has been developed with significant input from health sector partners and stakeholders. Our ability to successfully implement the plan will also depend on a high level of stakeholder commitment and involvement.

Collaboration and partnership of stakeholders will be vital to the ongoing success of this plan. All stakeholders will need to work together to implement the proposed actions in order for the plan to work well. For this reason, the Belize Human Resources for Health Observatory will guide future actions and help measure progress of implementation of this plan.

While this plan includes many actions that can be undertaken without additional funding, the investments required for full implementation will be outlined in a separate document.

Periodical joint assessments, visits, interviews, verbal communication, electronic communication, intersectoral meetings, close coordinaiton and collaboration with key stakeholders for monitoring and evaluation.

The need for collaboration and coordination around HRH planning is not limited to governments. Others who share responsibility for shaping health system design and implementing service delivery models – including educators, employers, providers, professional associations, unions, patients, and the public – must also play a key role. Closer links among all players will ensure that the number, skills and mix of providers reflect the health needs of the population and the needs of the health system