



# **STRATEGIC PLAN FOR HEALTH**

**2016- 2025**



**PREPARED BY: THE MINISTRY OF HEALTH  
& SOCIAL SECURITY  
GOVERNMENT OF GRENADA**

*The world has never possessed such a sophisticated arsenal of interventions and technologies for curing disease and prolonging life. Yet the gaps in health outcomes continue to widen. Much of the ill health, disease, premature death, and suffering we see on such a large scale is needless, as effective and affordable interventions are available for prevention and treatment.*

*The reality is straightforward. The power of existing interventions is not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way, and on an adequate scale.*

*Margaret Chan*

*Director General /WHO*

## FOREWORD

### Minister for Health

Government has accepted the fact that **HEALTH** is much more than the prevention or reduction of disease, but is a resource for national productivity and development. As such investments in ensuring, a healthy population is an asset for national development. It is for this reason that Government re-affirms its strong commitment to providing better health care to all Grenadians.

The National Strategic Plan for Health 2016-2025 provides the framework that will guide the efforts of the Ministry of Health and Social Security (MOHSSSSSS) and its partners over the next ten years. It reflects the Ministry's fundamental belief that health is a basic human right and as a result no one should be denied access to health care. Consequently, one of the overarching goals of this strategic plan is ensure that health services are made available, accessible and affordable to all people without discrimination.

Like many other developing countries, Grenada continues to be challenged by meeting the demands for health care services to its citizens. Chronic non-communicable diseases are the leading cause of morbidity and mortality. Life style and food choices are the main contributing factors of the disease profile and pose a significant challenge to the delivery of secondary care due to the escalating cost associated with the management of these diseases. This requires the Ministry of Health to place greater emphasis on prevention and health promotion. Notwithstanding the fact, every citizen must however accept responsibility for his/her individual health outcomes.

Recently, Grenada has also been experiencing the outbreaks of new and re-emerging communicable diseases, which have been linked to climate change factors. It behooves us therefore to take necessary steps to protect and maintain our environment for our future generations.

The Plan further reflects the belief that health fundamentally affects individual productivity and is therefore a critical input for long-term development of the country. To this end, we have set out our major priorities and therefore in concert with the private sector, we will heighten our focus and continue to promote health and wellness among our citizens.

On behalf of the Ministry of Health, I wish to express sincere gratitude to the PAHO/WHO for providing the technical and financial assistance to the development of this process. Special thanks also to the Planning Committee and all stakeholders for their effort in making the Plan a reality. I wish to assure everyone that the Ministry is fully committed to ensuring the implementation of this Strategic Plan to improve the health and wellbeing of all our citizens and so the Ministry looks forward to the continued support and cooperation of everyone in the future.

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**Nikolas Steele**  
**Minister for Health & Social Security**

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# TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	5
TABLE OF CONTENTS .....	6
ACRONYMS .....	9
LIST OF FIGURES .....	11
LIST OF TABLES.....	11
EXECUTIVE SUMMARY .....	12
<b>1.0 INTRODUCTION.....</b>	<b>16</b>
<b>1.1 Physical Description.....</b>	<b>17</b>
<b>1.1.2. Demographic Profile .....</b>	<b>18</b>
<b>1.2 Health Status of the Population .....</b>	<b>20</b>
<b>1.2.1 Child Health .....</b>	<b>21</b>
1.2.2 Adolescent and Youth.....	21
1.2.3 Women’s Health .....	22
1.2.4Men’s Health .....	22
1.2.5 Older persons.....	23
1.2.6 Non- Communicable Diseases .....	23
1.2.7 Communicable Diseases .....	23
1.2.8 Sexual and Reproductive Health (SRH).....	24
1.2.9 HIV/AIDS and STIs.....	25
1.2.10 Dental Health .....	28
1.2.11Mental Health and Substance Abuse .....	29
1.2.12 Environmental Health .....	30
2.0 Health Systems .....	32
<b>2.1 LEADERSHIP AND GOVERNANCE.....</b>	<b>33</b>
<b>2.1.1 Legislative and Regulatory Framework.....</b>	<b>33</b>
2.1.2 Regulation and Enforcement in Public Health.....	34
2.1.3 Development of Policies, Planning and Management in Public Health .....	34
<b>2.1.4 Social Participation in Health .....</b>	<b>35</b>
2.1.5 International and Regional Collaboration .....	35
2.1.6 Quality .....	35
2.1.7 Public Health Research.....	36
2.1.8 Emergency Preparedness and Disaster Management .....	36
2.1.9 National Health Coverage .....	37
<b>2.2 HEALTH SERVICE DELIVERY .....</b>	<b>38</b>
2.2.1 Management of Health Services .....	38
2.2.2 Health Infrastructure .....	38
2.2.3 Support Services.....	39

2.2.4 Community Health Facilities .....	39
2.2.5 Plant and Equipment Maintenance:.....	39
2.2.6 Community Health Services (CHS) .....	39
2.2.7 Primary Health Care (PHC).....	40
2.2.8 Secondary Care Services .....	40
2.2.9 Private Services .....	40
2.2.10 Comprehensiveness.....	40
2.2.11 Accessibility.....	41
2.2.12 Coverage .....	41
2.2.13 Affordability .....	41
2.2.14 Continuity .....	42
2.2.15 Quality .....	42
2.2.16 Person-Centeredness.....	42
2.2.17 Coordination:.....	42
2.2.18 Accountability and Efficiency.....	43
2.2.19 Health Promotion .....	43
<b>2.3 HUMAN RESOURCES FOR HEALTH (HRH) .....</b>	<b>45</b>
2.3.1 Migration .....	46
2.3.2 Retention .....	46
2.3.3 Recruitment Policy.....	46
2.3.4 Orientation .....	46
2.3.5 Succession Planning.....	46
2.3.6 Intersectoral Collaboration .....	46
2.3.7 Public Private Partnership .....	47
2.3.8 Regulatory System .....	47
2.3.9 Improving the Quality of the Workforce.....	47
2.3.10 Movement of Staff:.....	48
2.3. 11Training.....	48
2.3.12 Continuing Education and Graduate Training in Public Health .....	48
2.3.14 Quality Assurance in Training .....	48
2.3.15 Geographic Distribution of Health Workers.....	48
2.3.16 Cost Effectiveness in Staff Retention and Mechanisms.....	49
<b>2.4 PHARMACEUTICAL MANAGEMENT &amp; TECHNOLOGY SERVICES.....</b>	<b>50</b>
2.4.1 Access to Essential Medicines .....	50
2.4.2 Access to Vaccines .....	51
2.4.3Access to Medical Technology.....	51
2.4.4National Policies, Standards, Guidelines and Regulations .....	52
2.4.5 Guidelines and Procedures .....	52
2.4.6 Drug Committee.....	52
2.4.7 National List of essential Medicines.....	52
2.4.8 Quality Assessment.....	53
2.4.9 Generic Substitution .....	53
2.4.10 Procurement, Supply, Storage and Distribution.....	53
2.4.11 Rational Use of Medicines .....	53

2.4.12 Medical Technology.....	53
<b>2.5 HEALTH SYSTEMS FINANCING .....</b>	<b>55</b>
<b>2.6. INFORMATION SYSTEMS FOR HEALTH.....</b>	<b>58</b>
2.6.1 Organization and Structure of the HIS.....	58
2.6. 3 Vital Registration .....	60
2.6.4 Research, Monitoring, and Evaluation.....	60
2.6.5 Analysis and Synthesis.....	61
2.6.5 Communication and Use .....	61
2.6.7 Overall quality, relevance and timeliness.....	61
<b>3.0 PURPOSE OF THE NSPH .....</b>	<b>64</b>
<b>3. 1 .GUIDING PRINCIPLES .....</b>	<b>64</b>
<b>3.2 NSPH DEVELOPMENT PROCESS .....</b>	<b>64</b>
<b>3.3 HEALTH SECTOR STRATEGIC PLAN: GOAL, MISSION AND VISION.....</b>	<b>66</b>
<b>3.4 NHSP STRATEGIC DIRECTIONS.....</b>	<b>67</b>
<i>It should be noted that Annex 1-Strategic Goals &amp; Objectives (Action Plan) provides a useful link between the performance indicators, relevant activities and entities/departments responsible according to the aforementioned Health Systems Strengthening (HSS) Building Blocks, strategic goal and strategic objective framework. ....</i>	<i>70</i>
<b>3.5 MONITORING THE IMPLEMENTATION OF THE NHSP .....</b>	<b>70</b>



## ACRONYMS

- AIDS Acquired Immune Deficiency Syndrome
- ADR Adverse Drug Reaction
- CDC Centre for Disease Control
- CARPHA Caribbean Public Health Agency
- CARICOM Caribbean Community
- CHORES Children's Health Organization Relief & Educational Services
- CQI Continuous Health Service
- CHS Community Health Services
- CRDTL Caribbean Regional Drug Testing Laboratory
- DPA Department of Public Administration
- DN District Nurse
- EPI Expanded Programme on Immunization
- EIU Epidemiology Information Unit
- EMR Electronic Medical Records
- GSWMA Grenada Solid Waste Management Authority
- HIV Human Immune Deficiency Virus
- IHR International Health Regulations.
- ICPD International Conference on Population and Development
- MCH Maternal and Child Health
- M&E Monitoring and Evaluation
- MOHSS Ministry of Health and Social Security
- MAP Medication Assistance Programme
- MOU Memorandum of Understanding
- MRI Magnetic Resonance Imaging
- NGO Non-Governmental Organization
- NCD's Non-Communicable Diseases
- NaDMA National Disaster Management Agency
- NIDCU National Infectious Disease Control Unit
- OHS Occupational Health and Safety

- OECS/PPS            Organization of Eastern Caribbean States /Pharmaceutical Procurement Services
- PAHO                Pan American Health Organization
- PHC                 Primary Health Care
- PHEIC              Public Health Emergency of International Concern
- PPP                 Private Practice Policy
- PTSD               Post Traumatic Stress Disorder
- SHR                 Sexual and Reproductive Health
- STI                 Sexually Transmitted Disease
- SGU                 St. George's University
- SAMS               St. Augustine Medical Services
- SEED               Support for Education, Empowerment and Development
- TAMCC             Theophilus Albert Marryshow Community College
- UNAIDS            United Nation Agency for International Development
- UNGASS            UN General Assembly Special Session
- WHO                World Health Organization
- WHO/HSS         World Health organization/Health Systems Strengthening

## List of Figures

Figure 1: Grenada Population By Age Distribution.....	18
Figure 2: Cumulative HIV/Aids Cases 2002-2014.....	25
Figure 3: Trends in HTLV 2010- 2014.....	27
Figure 4: Trends in Syphilis Cases 2009-2013.....	27
Figure 5: Building Blocks.....	32
Figure 6: Relationship Between NSP & Other Plans.....	66

## List of Tables

Table 1: Selected demographic Indicators.....	19
Table 2: Health Indicators - Grenada (2006-2013).....	20
Table 3: Communicable Diseases 2006-2014.....	23
Table 4: Confirmed cases of Gonorrhoea 2009 - 2014.....	26
Table 5: Human Resources for Health 2008-2013.....	45
Table 6: Summary of Key Issues & Challenges by HSS Nomenclature.....	62
Table 7: NHSP Expected Outcomes & Outputs.....	70

## EXECUTIVE SUMMARY

The National Strategic Plan for Health (NSPH) 2016-2025 is one of the sector plans of the National Economic and Social Development Plan of the Government of Grenada. This plan has been developed to provide a common strategic framework for the planning period covering January 2016 to December 2025. It will guide all interventions by all stakeholders at all levels of the national health system in Grenada. Specifically, the NSPH forms the basis for:

- Developing and implementing strategic and operational plans for the management of the health sector.
- Formalizing coordination mechanisms and guiding participation of all stakeholders in health development.
- Developing the long and medium term expenditure framework, and the annual budget framework for health.

### Current Health Situation

Grenada enjoys a relatively stable health status when comparing key demographic indicators for the period 2009 to 2013. Infant mortality ranges from 8.4 in 2009 to 16.3 in 2013. Maternal mortality ranges from 55.7 in 2009 to 54 in 2013. During the same period the average death rate ranged from 7.3 to 7.6 per 100,000 populations. Life expectancy as of July 2013, was 73.55; males 71 years, females 76.35. This represents an increasing trend and among the highest in the Caribbean Region and comparable with developing countries. Chronic non-communicable diseases have emerged as the major cause of morbidity, disability and mortality among the population and represent the disease burden of the nation. The five leading causes of death are Malignant Neoplasms, Cerebrovascular Diseases, Diseases of the Circulatory System, Endocrine and Metabolic Diseases, and Ischemic Heart Diseases. Communicable diseases continue to be a challenge; particularly new and reemerging diseases. Prevalence of the *Aedes aegypti* mosquito that is the vector for dengue fever and Chikungunya virus infection is several times higher than established threshold levels. Efforts are being made to contain the spread of this disease through public education and awareness campaign.

### MOHSS Goals, Values and Vision

The NSPH took into consideration health indicators and related challenges as classified by WHO Health Systems Strengthening (HSS) building blocks. In addition the NSPH has incorporated the ministry's mission, vision and overarching goal. In fact the Ministry's overarching goal is to **"Significantly improve the health status of all Grenadians through a strengthened and sustainable health care delivery system"** The goal takes into account the Whole-of-Government's plan framework by aligning programmes and activities to a set of high level outcome areas defined for a healthy citizenry. The perception is that every line Ministry should be working across organizational boundaries and bureaucracy to achieve the best health outcomes. However, the challenge is ensuring that collective decisions of the Government of Grenada are based upon the best-informed articulation of the challenges faced and knowledge is a key ingredient to cultural change.

The NSPH also took into consideration the Ministry's **Mission** to **"Promote Wellness, Restore and Maintain The Health of the People of Grenada, Through Equitable Access To Efficient, Effective and People Centered Services, Based on The Values of Primary Healthcare Utilizing Public Health Actions And Healthcare Facilities That Deliver Personal Healthcare –By Both State And Non-State Actors"**. The Ministry of Health will take the lead in developing a supportive culture and skills base, instituting appropriate governance, budget and accountability framework including making preventative, primary, secondary and tertiary care more efficient. It also aims at healthy childhood initiatives, which may result in a high quality of life and decreased cost to the national health system through a reduction in lifestyle diseases.

Finally, the NSPH takes into consideration the Ministry's **Vision** of **"An Integrated, Responsive, Sustainable Health System that is Positioned to Respond to Current and Future Health Challenges"**. Over the next ten years emphasis will be placed on six (6) health systems building blocks established by the WHO/HSS to strengthen and improve the health care delivery system viz:- Leadership & Governance, Health Services Delivery, Human Resources for Health, Access to Essential Medicines and Medical Technologies, Financing and Health Information Systems. The linking of the HSS Building Blocks related challenges with the Ministry's overarching goal, mission and vision resulted in the identification of integrated strategic goals and objectives as summarized below:

#### **Key Related Building Block: Leadership and Governance**

- **Strategic Goal:** To create an enabling environment for the development and delivery of quality health care services in Grenada.
- **Strategic Objectives:**
  - To strengthen the legislative and regulatory framework for health development and provide necessary capacities for implementation
  - To articulate a clear policy direction for development guided by the epidemiological profile and governments priorities
  - To strengthen coordination, collaboration, alignment and harmonization with the private sector
  - To enhance performance of the health sector through the strengthening of health management systems
  - To indentify and institutionalize quality assurance models for health care in the public health system
  - To strengthen governance of the national health sector through improved accountability, transparency and responsiveness

### **Key Related Building Block: Health Services Delivery**

- **Strategic Goal** : An equitable, sustainable quality health service which responds to the needs of the population.
- **Strategic Objectives**:
  - To strengthen capacity to provide cost effective, quality and gender sensitive primary health care services.
  - To increase access to health care services for selected population groups through adherence to established standards
  - To improve quality of health services in the public health system through the establishment of Quality Management Systems (QMS)
  - To strengthen regulatory and professional bodies and institutions
  - To strengthen the monitoring and evaluation framework to improve quality of health care delivery
  - Strengthen infection prevention control division to function more effectively
  - To establish mechanisms for improving user satisfaction with the health services
  - To increase private sector participation in the provision of health care services

### **Key Related Building Block: Human Resources for Health**

- **Strategic Goal**: A cadre of competent, motivated health care workers providing quality health care.
- **Strategic Objectives**:
  - To strengthen HRH Management Systems through the provision and maintenance of policy and strategic framework
  - To achieve equitable distribution, right mix of the right quality and quantity of HRH services.
  - Enhance performance among health care workers through improved working conditions
  - To improve performance management systems for objective analysis implementation and monitoring of HRH performance
  - To strengthen the institutional framework HR Management practices in the health sector
  - To provide support to training institutions to scale up the production of skilled health workers
  - To strengthen workforce capacity and demand

### **Key Related Building Block: Pharmaceuticals & Medical Technology**

- **Strategic Goal**: Provision of an adequate quantity of good quality, safe and affordable medicines, vaccines and health care technology
- **Strategic Objectives**:

- To improve access to safe, efficacious, affordable pharmaceuticals, medical supplies and technologies.
- To establish a system for the procurement and maintenance of equipment at all levels of the health care system
- To promote the rational use of medicines, medical technology and medical supplies throughout the health care system
- To strengthen quality assurance systems for medicine regulation through improved monitoring and evaluation
- To strengthen the legislative and regulatory framework for the efficient and effective practice of pharmacy in Grenada

**Key Related Building Block: Health Financing**

- **Strategic Goal:** To secure adequate and sustainable funds to support national health development goals.
- **Strategic Objectives:**
  - To implement appropriate financing strategies that will ensure accessible, efficient and equitable provision of health care
  - To protect people from financial catastrophe and impoverishment as a result of using health services
  - To establish an evidenced- based system for the equitable and efficient allocation of resources
  - To optimize the use of existing resources through improved inventory management

**Key Related Building Block: Health Information System**

- **Strategic Goal:** An Effective National Information System for health to support evidenced-based decision-making
- **Strategic Objectives:**
  - To develop a policy framework for establishing a functional Health Information System (HIS)
  - To improve routine data collection, management, dissemination and use through Information Communication Technology (ICT) and infrastructural support
  - To strengthen the knowledge management capacity in the health sector through research and Monitoring and Evaluation (M& E)

Finally, the NHSP will be actively monitored using a performance indicator- based framework that links to the strategic goals and strategic objectives

## *1.0 Introduction*

Grenada's health system consists of all the organizations, institutions, resources and people whose primary purpose is to provide health care services with the aim of improving health. This includes efforts to influence determinants of health as well as more direct health-improvement activities. The health system delivers preventive, promotive, curative and rehabilitative interventions through a combination of public health actions and the pyramid of health care facilities that deliver personal health care — by both State and non-State actors. The actions of the health system should be responsive and financially fair, while treating people with respect. A health system requires personnel, financial resources, information, supplies, transport, communications and overall guidance and direction to function. Strengthening health systems mandates healthcare leadership to address key constraints in each of these areas for the effective delivery of healthcare services.

The emergence of new threats; politically, in terms of changing perceptions about Health Systems worldwide including Grenada, requires health systems to cope within a changing environment: epidemiologically, in terms of changing age structures, the impact of pandemics and the role of the state and its relation with the private sector and civil society; technically, in terms of the growing awareness that health systems are failing to deliver — that too often they are inequitable, regressive and unsafe, and so constitute one of the rate limiting factors to achieving better development outcomes. The WHO has concluded that it will be impossible to achieve national and international goals without greater and more effective investment in health systems and services. <sup>1</sup>

The NSPH therefore outlines strategies that the Ministry of Health will utilize to improve and strengthen the health systems in Grenada. The plan is comprehensive and will place emphasis on the major challenges that currently affects the health delivery systems.

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<sup>1</sup> Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. World Health Organization, 2007



### 1.1 Physical Description

Grenada is made up of the islands of Grenada, Carriacou and Petit Martinique plus several small islets. It is located almost mid-way between the Caribbean islands off Barbados to the north and Trinidad to the south. Covering a land area of 344km, Grenada is divided into six (6) parishes with most of the population Grenada living in the major towns

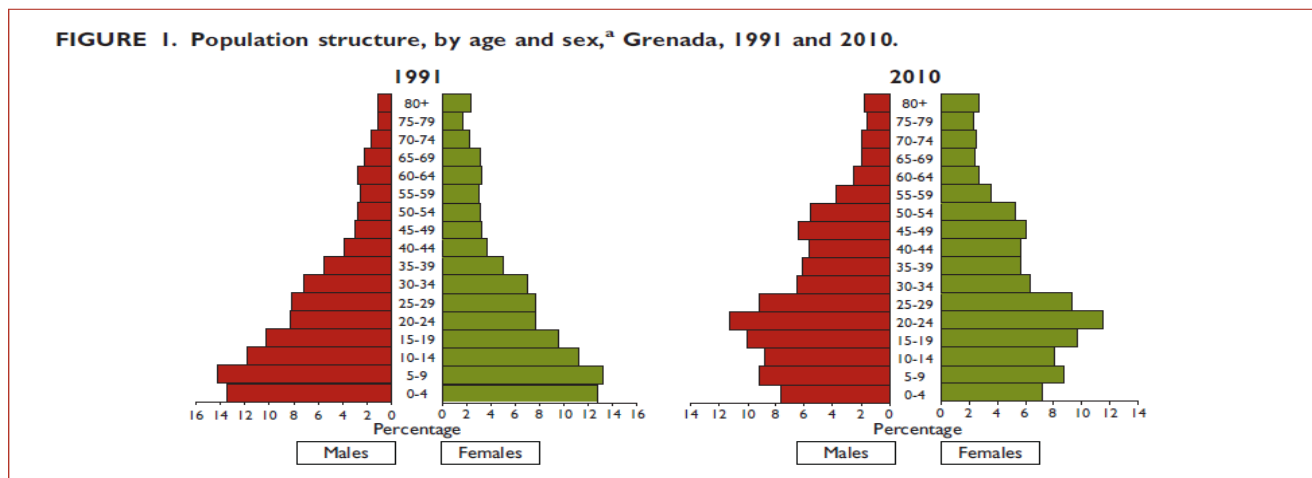
The islands are of volcanic origin with extremely rich soil. The climate is characterized as humid tropical marine with little seasonal variation between the wet and dry seasons. The island lies in the path of the annual hurricanes and consequently, has experienced loss of life and considerable damage to property due to hurricanes.



### 1.1.2. Demographic Profile

In July 2013, the estimated population of Grenada was 108,590 with a growth rate of 0.52% per annum. The birth rate is 16.57 births per 1,000 population and the death rate was 8.01 deaths per 1,000 population (CIA, 2013)<sup>2</sup>. Like the rest of the Caribbean, Grenada has an ageing population as outlined in Figure 1 where the triangular pyramid of 1991 has been replaced by a cylinder-like structure in 2010. The 2011 census revealed that persons 60 years and over make up 12 % of the population.

Figure 1: Grenada Population By Age Distribution



Source: Health in the Americas PAHO 2012

Taking into account the high life expectancy and falling fertility rates, it is anticipated that the age dependency ratio will rise over the long term, thus contributing to increased public expenditure on health care, long-term care and pensions.

Several assessments of the health system in Grenada have been undertaken during the past five (5) years, providing current, detailed information. The main documents are:

- Health Sector Situation Analysis for Grenada (2013)
- Health in the Americas Report 2012 - Country Chapter
- Grenada Health Systems and Private Sector Assessment (2011)
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<sup>2</sup>Central Intelligence Agency (CIA). 2012. The World Fact book: Grenada: <https://www.cia.gov/library/oublings/the-world-factbook/Reosigi.html>

**Table 1: Selected demographic Indicators**

<b>Indicators</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Population</b>					
<b>Mid- year population</b>					
Males	52,720	52,788	53,898	54,435	54,926
Females	52,455	52,250	52,769	53,164	53,654
Total	105,175	105,038	106,667	107,599	108,580
Sex ratio (males per 100 females)	101	101	102	102	102
<b>Vital Statistics</b>					
Crude Birth Rate	17.1	16.3	17.0	15.4	16.9
Total Number of Births	1,800	1,709	1,812	1,661	1,838
Crude Death Rate	7.4	7.9	7.5	8	7.6
Rate of Natural Increase	9.7	8.4	9.5	7.5	9.4
<b>Life Expectancy at birth</b>					
Males	71.0	70.0	74.0	73.0	76.0
Females	76.0	76.0	78.0	77.0	74.0
Total	74.0	73.0	76.0	75.0	79.0
<b>Education</b>					
Primary (MDG2)	93	90	96	96	98
Secondary (MDG2B)	82	73	89	90	96
<b>Health</b>					
Maternal mortality rate	55.6	58.5	0.0	60.2	54.4
Infant mortality rate	7.8	12.3	15.5	13.2	17.4
Total fertility rate	2.0	1.9	2.2	1.9	2.1

Source: National Statistical Office: Accessed at

<http://caricomstats.org/Files/Databases/Demography/GD.pdf#page=1&zoom=auto,-69,798>

## 1.2 Health Status of the Population

The health of the people of Grenada was analyzed using mainly the life-cycle groups approach and to a lesser extent by the nature of the health problems.

According to Table 2 below the health indicators for Grenada are comparable to that of the rest of the Eastern Caribbean. Life expectancy as of July 2013 was 73.55 years; males- 71 years and females 76.35 years.

**Table 2: Health Indicators - Grenada (2006-2013)**

INDICATORS	YEAR				
	2009	2010	2011	2012	2013
Total births	1822	1735	1829	1679	1860
Live births	1795	1712	1804	1658	1840
Birth Rate (per 1,000 pop.)	16.7	15.5	17.7	15.8	16.9
Live births for females 15-49 yrs	1793	1708	1799	1651	1836
General fertility rate (live births per 1,000 females 15-49 yrs)	68.3	56.19	66.3	60.3	66.4
Deaths occurring during the year	792	831	801	847	822
Deaths Rate (per 1,000 pop.)	7.3	7.46	7.2	7.87	7.6
Still Birth	27	23	25	22	20
Still Birth Rate (per 1,000 total births)	?	?	?	?	?
Natural Increase	1030	913	1028	810	1016
Natural Increase rate (per 1,000 pop.)	9.5	8.2	9.9	7.6	9.4
Infant Deaths	15	21	20	15	30
Infant Death Rate (per 1,000 live births)	8.4	12.3	11.1	9.0	16.3
Neonatal Deaths	13	18	11	11	25
Neonatal Death Rate (per 1,000 live births)	7.2	10.5	6.1	6.6	13.6
Deaths in Children 1-4 yrs	4	4	3	3	7
Number of Deaths in children under 5	19	25	23	18	37
Under 5 mortality rate	10.6	14.6	12.7	10.9	19.6

Maternal Deaths	1	0	0	1	1
Maternal mort ratio (per 100,000 live births)	55.7	0	0	60	54
Births to teenage mothers	226	233	226	207	198
Teenage Birth Rate (per 1000 pop)			46.4	42.2	40.8
Estimated # women in 15-49 age group at mid-interval	26,244	30,448	27,143	27,437	27,681
Estimated Population	108,889	105,038	106,667	107,599	108,580

Source: Epidemiology Unit, Ministry of Health Grenada, 2015.

### 1.2.1 Child Health

Children in Grenada are generally well nourished. The country consistently achieved 95-100% immunization coverage for DPT, HEPB, HIB, Polio and MMR over the past 5 years; however, there is a growing objection to vaccination based on religious beliefs among the population. The Public Health Immunization Act Cap 264 #41/1980 is currently under review. Data collection is mainly paper based and inadequate sharing of information among health care professionals makes it difficult to track immunization information particularly on itinerant families. The Centre for Disease Control (CDC) has approved a request for assistance in implementing a National Electronic Immunization Registry in 2015. However two of the main challenges facing this subsector were cited as follows :

- **Inadequate manpower; and**
- **Inadequate financial and material resources.**

### 1.2.2 Adolescent and Youth

The 2011 population census revealed that 57% of Grenada's population comprised persons under the age of 35 years and 17% between 10 and 19 years (GoG, 2013)<sup>3</sup>. Although most NCDs begin in adolescence there are no health services targeted at adolescents and youth. The Government has developed a *National Adolescent Health Policy and Strategic Plan* for Grenada as part of a focused approach in dealing with the problems confronting this age group.

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<sup>3</sup>GoG/MoF. 2013. Population Census for the State of Grenada, 2011.

Listed below are some of the key challenges identified by stakeholders during consultation on adolescent health in 2009.

- **Policy makers do not see adolescent health as a priority.**
- **Outdated policies and laws relating to adolescents.**
- **Lack of input from adolescents on policy development or planning of services for adolescents.**
- **Inadequate collaboration on provision of services among Ministries and NGO's in order to optimize the use of limited resources**
- **Lack of awareness of available services**
- **Limited information on the health of adolescents**
- **Absence of a programme dedicated to meeting the health needs of adolescents and youth.**

### ***1.2.3 Women's Health***

Antenatal care is available to all pregnant women, and all births are attended to by trained professionals. Patients from Princess Royal and Princess Alice are referred to the General Hospital which is equipped and staffed to acceptable standards and able to provide emergency obstetric care.

### ***1.2.4 Men's Health***

There are no organized health services for men in Grenada and indicators for men's health are poor. The Ministry of Health embarked on a number of initiatives to determine the reasons for men's tardiness in accessing health care services, including a qualitative analysis, consultations and sensitization sessions on men's health with men in two health districts. Staff skills and competencies have been enhanced through a series of training sessions and efforts are ongoing in collaboration with NGOs to sensitize men on the importance of their health. While a vertical programme may not be necessary, the specific needs of this segment of the population should be addressed.

### **Key Challenges**

- **Inequitable allocation of resources for programs- maternal & child health as compared to men's health**

- **Absence of organized services that addresses the specific needs of men**
- **Service may be available but not accessible due to the lifestyle and traditional roles of men for example, farmer/fishermen for whom public health facilities closed when they are finished working**
- **Absence of an institutionalized checkpoints for boys**

### 1.2.5 Older persons

The ageing index shows that 8 out of every 100 persons in Grenada is 65 years or older (Grenada Statistical Office). The Policy on Aging is outdated and existing services do not take into account the special needs of older persons. Approximately 4% of the population 65 years and over live in residential homes. All homes have lengthy waiting lists for placement. The Government owns and operates the largest geriatric facility, The Richmond Home, and provides subventions for ten (10) others. Two geriatric facilities are privately owned. The Ministry of Social Development manages a Home Care Programme, which provides services to approximately 153 older persons. Training for staff is inadequate, especially in private geriatric homes.

### Challenges

- **Lack of a comprehensive multi-sectoral programme that addresses the needs of older persons**
- **Outdated geriatric policy**
- **Inequitable access to geriatric services**
- **Lack of attention to the mental health needs of older persons**

### 1.2.6 Non- Communicable Diseases

NCDs are the main cause of morbidity and mortality in Grenada and are more prevalent in the older population groups. Cancers, cardiovascular disease, hypertension, diabetes, chronic pulmonary diseases, and mental health, their complications and co-morbidities are priority areas of concern. A draft “*National Chronic Non-Communicable Disease Policy and Multisectoral Action Plan for Grenada (2013-2017)*” have been developed but not yet submitted to Cabinet for approval.

### 1.2.7 Communicable Diseases

Communicable diseases continue to be a challenge; particularly new and reemerging diseases. Globalization and ease of travel renders borders and ports of entry vulnerable to disease. Grenada is a signatory to the International Health Regulation (IHR), and is expected to implement the strategies for border safety. **Table 3** below outlines the most common communicable diseases in Grenada

**Table 3: Communicable Diseases 2006-2014**

No.	COMMUNICABLE DISEASE	2009	2010	2011	2012	2013	2014
		Total	Total	Total	Total	Total	Total

1	Acute Respiratory Infection <5	3497	5038	4196	4559	3956	3957
2	Acute Respiratory Infection ≥5	4795	5989	5868	6570	6086	6110
3	Gastroenteritis <5	1111	857	604	1563	640	1253
4	Gastroenteritis ≥5	1708	1559	1109	2181	1155	2054
5	Undifferentiated Fever <5	99	144	160	242	335	430
6	Undifferentiated Fever ≥5	108	149	100	180	356	679
7	Acute Haemorrhagic Conjunctivitis	52	30	43	59	37	89
	Chicken Pox	98	46	197	116	21	61
9	Neonatal Conjunctivitis	17	16	24	41	27	25
10	Food-borne Illness	108	94	128	109	119	96
11	Genital Discharge	89	173	170	173	149	141
12	Chlamydial Infection	8	23	18	13	20	8
13	Gonococcal Infection	83	99	121	153	189	141
14	Genital Ulcer – Syphilis	28	23	49	38	34	20
15	Genital Ulcer – Herpes	18	14	12	10	8	12
16	Hepatitis B Confirmed	84	50	52	32	24	24+(2 unknown)
17	Leptospirosis confirmed	7	2	11	23	5	6
18	TB Confirmed	5	4	2	1	1 *	0
19	Malaria	0	1	0	1	0	0
20	Dengue Confirmed	28	134	92	85	155	39
21	Scabies	260	200	244	230	177	179
22	Pelvic Inflammatory Disease	188	191	248	186	129	130

\* Imported.

### 1.2.8 Sexual and Reproductive Health (SRH)

SRH in Grenada is addressed primarily through family planning services focusing on maternal and child health and STI prevention and treatment. Clinical service provision goals and priorities have been influenced and/or guided by



international organizations and agencies. <sup>4</sup>*A Draft National Sexual and Reproductive Health Policy and Plan* has been developed in keeping with the goals outlined in the International Conference on Population and Development’s Program of Action.

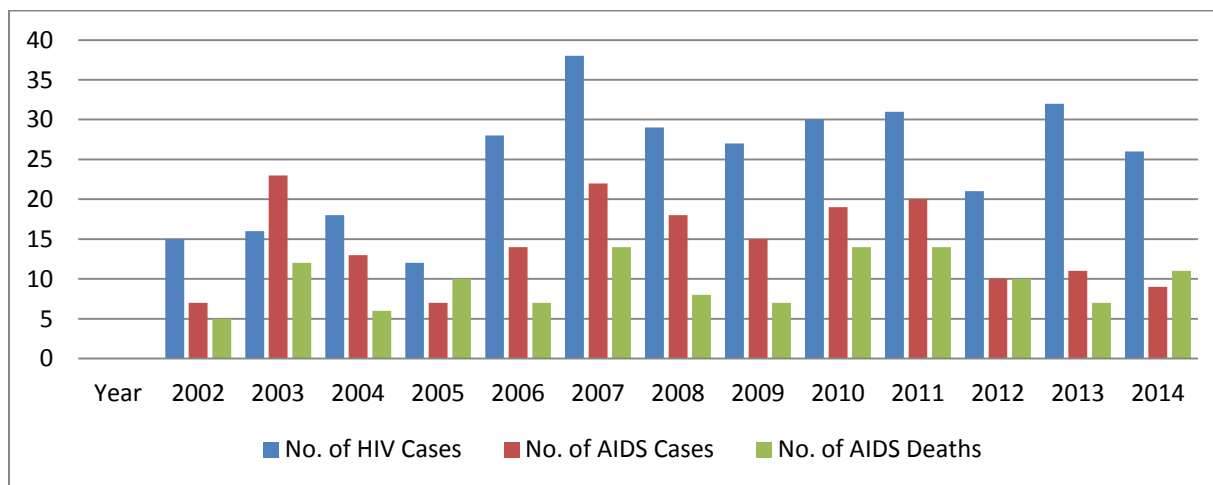
The Plan allows for mainstreaming across sectors, coupled with the cross-cutting issue of gender equality and equity when implementing SRH and support services, including in Primary Healthcare (PHC).

There is need to operationalize the plan and develop a framework for effective monitoring and evaluation (M&E). Presently there are limited services for victims of intimate partner abuse or other forms of sexual violence.

### 1.2.9 HIV/AIDS and STIs

A total of 333 persons have been diagnosed from 1984 – 2014 as seen in Figure 2, the majority of whom are males 231 or 69.4% and 102 or 30.6 % females. There were 248 AIDS related deaths during that period; 179 (72.2%) males and 69 (27.2%) females. As of January 2015, there are 101 persons on Anti retroviral treatment (ART); 57 males and 44 females. There are 120 patients actively attending clinic, representing 84.16% of all HIV positive persons currently brought into care.

Figure 2: Cumulative HIV/Aids Cases 2002-2014



Source: Ministry of Health, Grenada

Staff has been trained to administer rapid testing but kits are not available. Rapid test kits are only available via donation at the government laboratory, and used to assess the HIV status of pregnant women who have had no ante-natal care.

#### Key HIV/AIDS related challenges:

- Failure of diagnosed persons to disclose their status to their sexual partner(s)
- Occasional stock outs of reagents

<sup>4</sup> Government of Grenada, National Sexual and Reproductive Health Policy and Strategic Plan for the State of Grenada, 2013

- **Absence of Rapid Testing**
- **Lack of adherence to medication by some patients**
- **Absence of budgetary allocation to manage the HIV/AIDS programme in the absence of donor funds.**
- **Weak data collection mechanism to strategically guide focus**
- **Centralized clinic for treatment and care of HIV positive persons resulting in economic burden on patients as well as staff.**

The most common STI's in Grenada are Syphilis, Gonorrhoea, Hepatitis B and HTLV. In fact, the general trend for gonococcal infection during the period 2009 – 2014 indicates an increase. The majority of persons infected are male as shown in **Table 4**. The total number of persons tested is very small. Males are more symptomatic than females and therefore seek medical care more frequently resulting in the higher morbidity statistics.

**Table 4: Confirmed cases of Gonorrhoea 2009 - 2014**

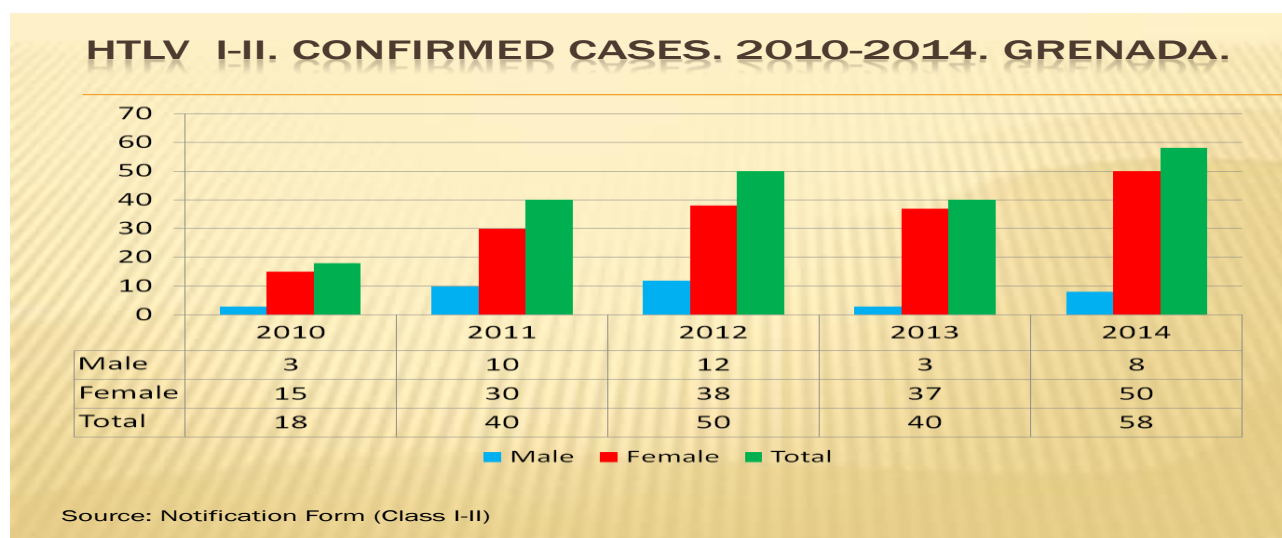
<b>Sex</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Male	5	16	15	30	33	26
Female	2	8	7	7	18	8
Unknown	2	5	1	14	10	0
<b>Total</b>	<b>9</b>	<b>29</b>	<b>23</b>	<b>51</b>	<b>61</b>	<b>34</b>

**Source Ministry of Health, Grenada**

The number of **Hepatitis B** cases ranged from 25 cases in 2011 to 26 cases in 2014. The highest number of cases (27) was recorded in 2012. More females were affected than males. There is growing concern given the increasing number of tattoo parlours on the island, as they are not covered by current regulations.

The trend for **HTLV** shows annual increase in the number of cases for most years as shown in Figure 3 below. Females far outnumber males indicating the need for increased contact tracing.

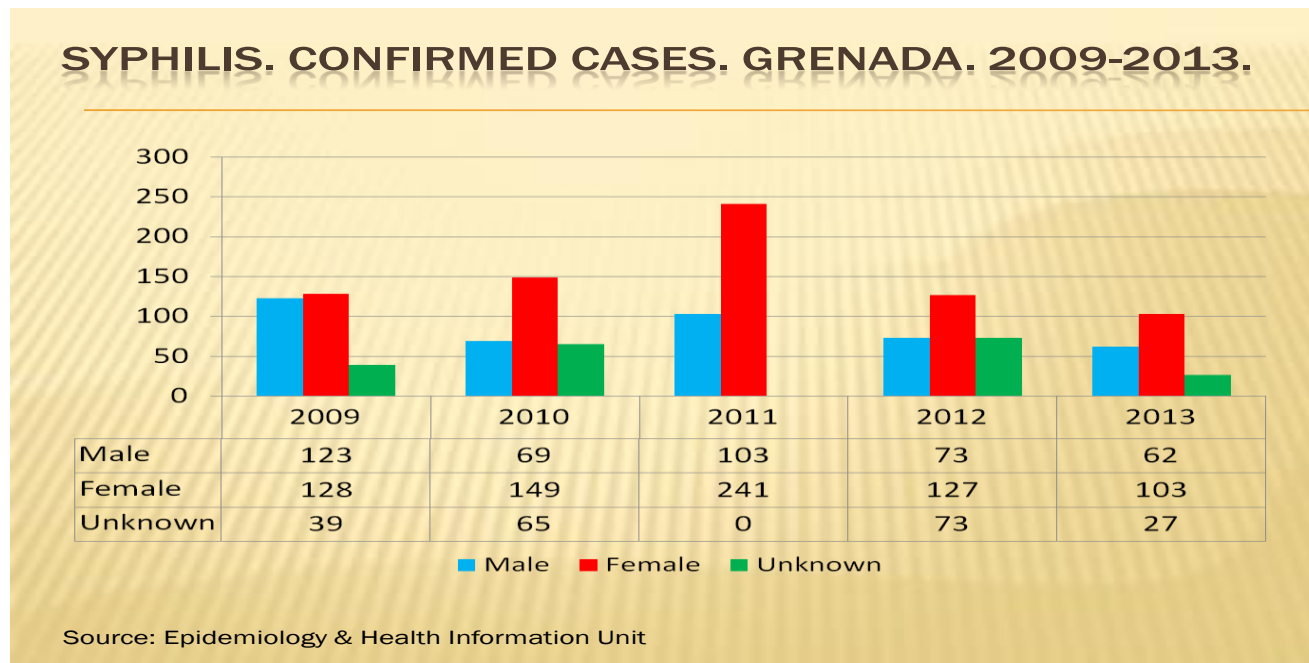
Figure 3: Trends in HTLV 2010- 2014



Source: Ministry of Health Grenada

Figure 4 outlines the trends for Syphilis for the period 2009-2013. Data indicates a spike in cases in 2011, but otherwise a relatively stable situation.

Figure 4: Trends in Syphilis Cases 2009-2013



The aforementioned data and analysis by the MOHSS result in some key SRH Challenges as outlined in Box 1.

**Box 1: Key SRH Challenges**

Lack of national level technical support for process-driven responses that promote targeted and sustainable health system development
Poor understanding of public health management in a PHC context – i.e., the lack of a gender-responsive and human rights-based approach to national health achievement
Competing interests of limited medical personnel between public health service provision and private practice
Lack of implementation of developed policy and a general lack of written policy
Un-strategic and inefficient utilization of and investment in human resources
Lack of research and public inclusion in setting health promotion priorities for diagnosing vulnerability
Lack of inter-ministry cooperation and collaboration
Lack of inter-sectoral cooperation and collaboration
<b>Key Challenges Related to Clinical Service Delivery</b>
Sexual health is not comprehensively understood, addressed or incorporated in reproductive health and HIV policy, systems and services either by governmental or non-governmental service providers
HIV prevention is not addressed as a component of SRH promotion
SRH and HIV policy, systems and services are primarily treated in parallel with minimal integration
Reproductive health services are not accessible to vulnerable and marginalized groups, but focus on maternal and child care, as a result of cultural and religious norms that promote hetero-normativity and hetero-sexism based on the notion that sex is for reproduction – this perpetuates stigma and discrimination and limits the quality of care to gender and sexual minorities and youth as well as marginalizing men’s health needs
HIV services are centralized and focus on treatment and care
Health service delivery has been governed by response-based priorities set within the limitations of existing systems and services, rather than critical and strategic action, priority setting and decision-making
There is limited and inconsistent training for health practitioners, particularly front line personnel, on new SRH technologies
Policy and practice varies according to health practitioner and is often subject to their personal opinions and value systems as these pertain to SRH

Source: UNFPA Report t: *Rapid Assessment of Sexual & Reproductive Health & HIV Policies, Systems & Services in Grenada* (UNFPA, 2011)

### 1.2.10 Dental Health

Dental services are provided in all parishes, including Carriacou and Petite Martinique, with the exception of St. John. Services are also scheduled to be provided at the Richmond Hill Prisons, Mt. Gay Psychiatric Hospital, and

at Geriatric Homes around the island. However, significant challenges interrupt the continuous delivery of dental service. A resident Dentist is urgently needed to meet the needs of the people of Carriacou and Petite Martinique.

### **1.2.11Mental Health and Substance Abuse**

Mental health services are provided in collaboration with various government and non-governmental organizations, private institutions and social partners. Mt. Gay Hospital provides services for both chronic and acute patients. The predominant illness on admission is schizophrenia. Currently there is a serious overcrowding as a result of relocation of the Acute Unit from the General Hospital to Mt Gay. Stigma and discrimination associated with mental illness are still major barriers to accessing care and treatment. The MOHSS has initiated plans for the integration of mental health services into primary health care. Work is also ongoing with the police to improve their management of persons with mental health issues. *An updated Mental Health Bill has been drafted to replace the Mental Health Act (1958). A Mental Health Policy and Strategic Plan have also been developed.* Participation in a day program for substance abusers conducted on the premises of the Mt. Gay Hospital is hindered by fear of stigma and discrimination.

#### **Main challenges include:**

- **Overcrowding at Mt Gay hospital**
- **Stigma and Discrimination**
- **Insufficient programmes for substance abuse prevention.**
- **Absence of a facility for treatment of substance abuse**
- **Lack of specialist staff – occupational therapist, psychologist and other support staff to assist in rehabilitation**
- **Limited information for decision making and maintenance of medical records.**
- **Mental health programmes are built around an organized facility**
- **Lack of integration into existing programmes e.g. school health**

### **1.2.12 Environmental Health**

The first Grenadian National Communication to the United Nations Framework Convention on Climate Change (UNFCCC) identified the health sector as particularly vulnerable to the impacts of climate change. Besides impacts due to extreme weather events such as hurricanes and droughts, climate change is likely to cause an increase in the incidence of vector, water, air, and rodent-borne communicable diseases such as dengue, chikungunya, gastroenteritis, and Leptospirosis. There is a need for the development of a climate change adaptation action plan for the health sector. Climate change considerations should also be integrated into all new relevant legislations, policies and plans.

At present 97% of the urban population and 93% of the persons living in the rural areas have access to potable water. *A Water Safety Plan was developed with support from the Pan American Health Organization (PAHO) to ensure the safety of water from its source, along the distribution network to the consumer.*

According to the 2011 Population Census, at least 57.8% of the population has water closets not linked to a sewer system, 30.3% have access to pit latrines, 4% have water closets linked to sewer, while 5.2% have no sanitary facilities. Funding for the pit latrine program has not been forthcoming in recent years.

The Grenada **Solid Waste Management** Authority (GSWMA) serves 97% of the population. Illegal dumping, disposal of pharmaceuticals, used oil, cyto-toxic drugs, scrap metal and tyres are a major concern for the Environmental Health Division. Stockpiles of refuse at the main landfills are often set alight resulting in reduced air quality. *There is need for implementation of the Waste Management Act 2000, and National Waste Management Strategy.*

A National **Food Safety** Policy was developed and ratified by the Cabinet in 2010 and a Food Safety Bill has been submitted to Parliament for ratification. Street -vended foods need to be regulated and effectively monitored.

Dengue continues to be endemic throughout the country and in 2014, Grenada experienced an outbreak of Chikungunya with 3116 reported cases. Recent surveys undertaken by the Caribbean Public Health Agency (CARPHA) show increased resistance of the *Aedes aegypti* mosquito to some of the insecticides used. Consequently, there is need for the adoption of an integrated approach to vector control.

The institutional arrangements for the administration of an efficient **Occupational Health and Safety** programme are weak and antiquated. In 2012 the Environmental Health Division with support from the PAHO conducted an assessment of Occupational Health & Safety (OHSA) in Grenada. Implementation of recommendations will require additional human resource and restructuring of the OHSA programme. A radiological assessment has also been completed.

Core capacity requirements for disease surveillance, response and collaboration activities articulated in the Communicable Disease Plan must be strengthened at Ports of Entry.

There is also need for strengthening of the **Public Health Emergency Response Plan** to include the creation of multidisciplinary/multi-sectoral teams to respond to events constituting a Public Health Emergency of International Concern (PHEIC).

Harmonization of National Legislation to that of the **International Health Regulations** remains a critical element to Grenada's readiness to meet full implementation of the IHR by June 2016.

### **Key Challenges**

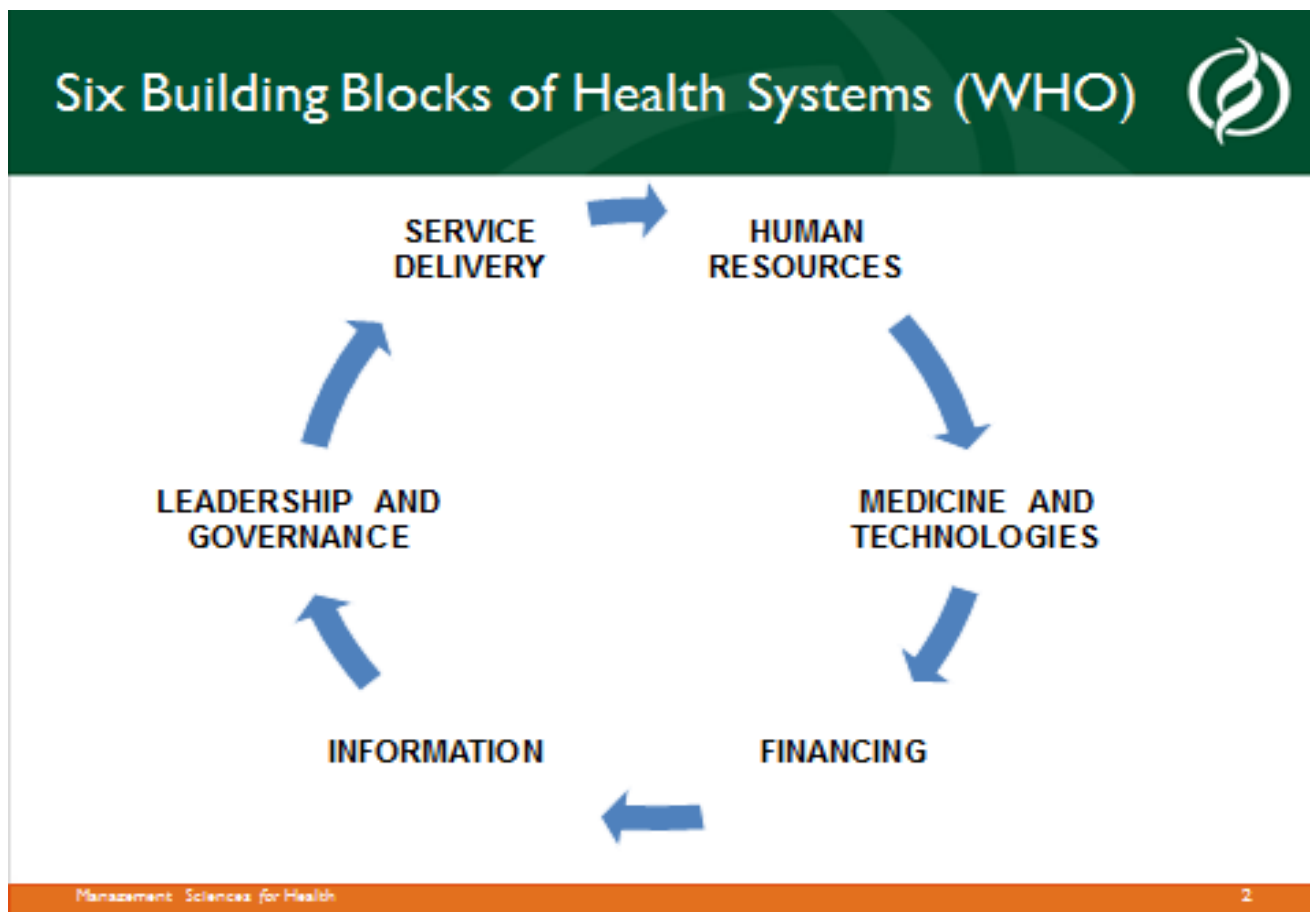
- **Outdated Waste Management structures such as the Waste Management Strategy - waste streams to landfill not adequately addressed (such as tyres and waste oil and biomedical waste).**
- **Failure of MOHSS to review and act on recommendations of the OSHA Report and Vector Control – Resistance to Insecticides**
- **Insufficient attention given to Occupational Health and Safety issues**
- **Lack of harmonization of Legislation to IHR**
- **Inadequate readiness for emergency response to PHEIC**
- **Conflict in Regulations – Statutory Body managing Solid Waste with oversight of the MOHSS but not define.**
  - **Also GSWMA has both regulatory oversight and provides services.**

## 2.0 Health Systems

A health system consists of all the organizations, institutions, resources and people whose primary purpose is to improve health. This includes efforts to influence determinants of health as well as more direct health-improvement activities. Strong and affective health systems are increasingly considered a prerequisite to reducing disease burden and to achieving the MDGs

The WHO six building blocks for strengthening the health systems (Figure 62) were used to assess the current status and future challenges of the health system in Grenada.

Figure 5: Building Blocks



<http://www.who.int/healthsystems/about/WHOHealthSystemsBrochure%282%29.pdf?ua=1>



The performance of the health system was also measured against the Essential Public Health Functions (EPHF), which is the fundamental set of actions that should be performed in order to achieve public health's central objective of improving the health of populations. The Essential Public Health Functions are listed below:

1. **Monitoring, evaluation and analysis of health status**
2. **Surveillance, research and control of the risks and threats to public health**
3. **Health promotion**
4. **Social participation in health**
5. **Development of policies and institutional capacity for public health planning and management**
6. **Strengthening of public health regulation and enforcement capacity**
7. **Evaluation and promotion of equitable access to necessary health services**
8. **Human resources development and training in public health**
9. **Quality Assurance in personal and population based services**
10. **Research in public health**
11. **Reduction of the impact of emergencies and disasters on health**

## 2.1 Leadership and Governance

**Leadership** must guarantee effective oversight, regulation, and accountability. Effective health **governance** is the process of competently directing resources, managing performance and engaging stakeholders toward improving health in ways that are transparent, accountable, equitable and responsive to the public (Islam 2007).

The Ministry of Health & Social Security has the mandate to provide health services and regulate the provision of health services in Grenada. The Ministry of Health is managed by a Policy Team headed by the Minister for Health and includes the Permanent Secretaries, Chief Medical Officer and other senior ministry officials.

Responsibilities include policy dialogue with health development partners, resource mobilization and budgeting, strategic planning, quality assurance and coordination of health research.

### 2.1.1 Legislative and Regulatory Framework

Grenada's Health system is guided by the Constitution of Grenada, policies, legislation, International agreements and conventions, public private partnership agreements and collaboration with friendly Governments and institutions and organizations.

The health sector operates with outdated legislation and regulations which hinder the achievement of the strategic goals of the Ministry and compliance to commitments as outlined in international conventions and agreements such as the International Health Regulations (IHR). The School Children Immunization Law mandates that all children must be immunized prior to entering primary school.

The practice of pharmacy and procurement of pharmaceuticals is guided by the Pharmacy Act Cap 241. However, there are a number of loopholes in the current Act which allows for illegal practices which can put the general public at risk. Grenada adopted an anti-corruption bill in 2007, and appointed an ombudsman in 2009. However, weak enforcement remains a challenge. Private sector stakeholders highlighted the following regulatory issues as priority areas for attention:

- **Facility regulation**
- **Dual practice policies**
- **Access to hospital privileges**

### ***2.1.2 Regulation and Enforcement in Public Health***

Many of the health related laws are outdated. There is no agreed schedule for the monitoring, evaluation and revision of the regulatory framework. Reviews are conducted based on prevailing circumstances. Drafting of laws and regulations designed to protect public health is done by the office of the Attorney General, Ministry of Legal Affairs.

Systematic processes in place to enforce existing laws and regulations require strengthening as some challenges affect enforcement. Civil society must be more aware and educated about public health regulations so as to promote and encourage compliance within the health sector. Policies and plans aimed at preventing corruption in the public health system have been implemented, however the MOHSSSSSS lacks the required institutional capacity to fully exercise its regulatory and enforcement functions. There are procedures in place to enforce regulations, however, resources are limited.

### ***2.1.3 Development of Policies, Planning and Management in Public Health***

The MOHSS assumes leadership in developing the national health policy agenda and heads the national health improvement process aimed at developing national and sub-national health objectives with indicators that measure success in achieving those health goals and objectives.

Several health policies have been recently developed, however, these have not been formally adopted, and are not supported by implementation plans and monitoring plans to make them effective. The monitoring and evaluation of current public health policies to measure impact, remains an area of weakness.

*The Maternal and Child Health (MCH) Policy* is used through the public sector however; must be updated to reflect current standards and practices as outlined by the International Conference on Population and Development (ICPD). The absence of a Pharmaceutical Policy lends itself to indiscriminate prescribing of drugs.

A Private Practice Policy (PPP) is currently being revised and updated. Institutional capacity for strategic planning is limited and requires strengthening. Some senior officers have been trained in this regard, however, they lack experience in utilizing the knowledge and skills.

#### ***2.1.4 Social Participation in Health***

The main media used to consult civil society and garner community feedback in matters of public health are radio and television. Grenada has an entity that serves as an ombudsman on matters of health. A periodic report to the public on health status and the performance of personal and population-based health services must be recommended.

There is no established policy that considers social participation for defining and meeting the public health goals and objectives. The MOHSS takes into account input provided by civil society through social participation in health but civil society does not participate in decision-making that affects the administration of health services.

#### ***2.1.5 International and Regional Collaboration***

Grenada is a member of several international and regional health institutions including the WHO/PAHO, CARICOM Health Desk, CARPHA and UNAIDS and has reporting obligations in this regard including to; the IHR, WHO/PAHO, CARPHA, CARICOM and UNAIDS. The UNGASS report is submitted annually, however, weakness in the data collection system results in incomplete reporting on the indicators outlined in the index.

Grenada is a member of the Organization of Eastern Caribbean States Pharmaceutical Procurement Services (OECS/PPS), a pooled procurement system which provides pharmaceuticals at a reduced rate and guarantees the quality of drugs provided in the public sector.

#### ***2.1.6 Quality***

A **policy** that promotes continuous quality improvement in health has been developed with limited implementation. It has been identified as a priority area for action and will include standards to periodically evaluate the quality of population-based health services throughout the country.

Community participation in an evaluation of user satisfaction with health services needs to be actively encouraged and results widely disseminated.

The MOHSS encourages the use of technology management and health technology assessment systems to support decision-making in public health. Advancement in this area has been hindered by resource constraints.

#### **2.1.7 Public Health Research**

The MOHSS has not yet developed a public health research agenda. Institutional capacity needs to be strengthened in this area including the provision of adequate analytical tools.

#### **2.1.8 Emergency Preparedness and Disaster Management**

Grenada has an organized structure for Health Disaster Risk Management; however, the National Health Disaster Management Plan for reducing the impact of emergencies and disasters on the population's health needs to be updated to reflect current realities. Complementing the disaster plan, a climate change action plan for the MOHSSSS will be developed, which will also feed into the National Adaptation Plan, coordinated by the Environment Division in the Ministry of Agriculture, Lands, Forestry, Fisheries and the Environment. It is envisioned that both plans (disaster plan and climate change action plan) will be merged. The MOHSSSS coordinates the entire health sector in implementing emergency and disaster preparedness measures including communications network, transportation system, in collaboration with other agencies such as the Royal Grenada Police Force, National Disaster Management Agency, the Red Cross and other private and public sector agencies.

Grenada has a highly trained and experienced cadre of Medical First Responders. Health workers at all levels with the exception of administrative staff have received training in emergency preparedness and disaster management. A *Post Traumatic Stress Disorder Manual* is utilized in the training of health professionals. Protocols also have been developed for rapid risk assessment post disaster. Strategies that include emergency preparedness and disaster management components need to be included in the professional education curriculum thereby ensuring continuity in training.

Vulnerability assessments conducted on the major health facilities in Grenada revealed the need for structural improvements in these facilities i.e. reinforcement of roofs and other upgrades to improve resilience and functionality as they relate to service delivery.

Several simulation exercises including Mass Casualty Management exercises have been conducted in collaboration with other partners. Strategies outlined in the *Safe Hospital Index* have been established, and training in emergency preparedness and disaster management is ongoing.

## Key Challenges

- **Inadequate budgetary allocation for Health Disaster Risk Management Activities**
- **Inadequate emergency medical supplies and pharmaceuticals**
- **Absence of alternative sites for relocation of services**
- **Outdated Memoranda of Understanding (MOUs) with service providers**
- **Physical vulnerability of facilities**
- **Absence of multi-hazard Health Disaster Management Plan**

### 2.1.9 National Health Coverage

A national consultation held in June 2014, to discuss the proposed PAHO strategy for Universal Health Coverage.

Four strategic lines were proposed to guide the transformation of health systems toward universal coverage:

1. Expanding equitable access to comprehensive, quality, people and community-centered health services
2. Strengthening stewardship and governance
3. Increasing and improving financing, promoting equity & efficiency, and eliminating out-of-pocket expenditure
4. Strengthening inter-sectoral action to address the social determinants of health

The following elements were identified as being critical to the achievement of UHC:

- The political will and commitment of Government
- Establishment of an overarching health sector policy
- Establishment of the legislative and administrative framework for the implementation of NHI
- Development of a communication strategy to increase public education and awareness
- Development of the Health management information system
- Costing of services in the primary, secondary and tertiary care systems
- Upgrading of the Health infrastructure

## 2.2 Health Service Delivery

### 2.2.1 Management of Health Services

Good health services deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources.

Health services in Grenada are provided mainly at two distinct levels; primary and secondary through public and private health care facilities. The Ministry of Health has the overall responsibility for policy formulation and regulation. There is no clear system for referral and case management and although the emphasis at primary level is on health promotion and disease prevention a large proportion of the services provided are curative. There is need for a more systematic approach to quality assurance and improvement

### 2.2.2 Health Infrastructure

Health infrastructure is one of the key areas of focus for the Government of Grenada in its plan to transform the sector and improve service delivery. Health care services are provided mainly through a network of public health facilities including three acute hospitals and thirty six health facilities including six health centers (one in each health district) and thirty satellite medical stations scattered within a three mile radius throughout the county.

The **General Hospital** is the main referral hospital located in the Capital, St .George with bed capacity of 198. The layout of its wards/departments presents challenges to daily operations some of which are inadequate beds and office space. Other challenges faced by the hospital are: its close proximity to the coastline causing structural defects and corrosion to furniture, fixtures and equipment; vulnerability to rock falls, floods, inadequate access to the facility as well as inadequate emergency exits. Consequently, the government is embarking on construction of a replacement hospital with teaching facilities in a location which provides easier access and is less prone to hazard risks.

**Princess Alice Hospital** is located in the rural parish of St. Andrew and has bed capacity of forty five (45).This facility was recently rehabilitated. The facility has no operating theater; however there are plans to provide diagnostic services including x-ray and laboratory services at the facility. In the interim, patients requiring such services are referred or transferred to General Hospital.

**Princess Royal Hospital**, located on the Island of Carriacou, with bed capacity of 40 beds experiences similar challenges as Princess Alice Hospital. Furthermore, due its geographical location clients must travel to Grenada by ferry or airplane at additional cost to clients, family members and Government, as well as delayed treatment.

**Mt Gay Psychiatric Hospital** has a bed capacity of 80. The temporary relocation of the acute psychiatric unit (Rathdune) from General Hospital to Mt. Gay has reduced the bed capacity by 25% and created a problem of overcrowding. In addition the occupational therapy unit and administration operate within confined spaces.

**Drug Rehabilitation Centre (Carlton House)** formerly located at Parade, St. George, was severely damaged by Hurricane Ivan in 2004 and subsequently destroyed by fire in 2005 was never rebuilt. Currently, a day service is being provided at the Mt Gay Psychiatric Hospital.

**The Richmond Home for the Elderly** has a bed capacity of 100. There are constant rock falls along the only entrance /exit road and there is no emergency exit road from the facility.

### **2.2.3 Support Services**

The CMS facility houses the procurement unit and is the primary facility for the storage of medical and non-medical items. The structure is in relatively good condition; however, the access road to the building is in need of repair.

The Laundry Unit located at Queen Park provides services to the Richmond Home, General, Princess Alice and Mt. Gay hospitals. As a result of maintenance and other challenges, laundry services were temporarily outsourced, at significant cost to the Ministry. With recent refurbishment in-house services has resumed eliminating the associated costs of outsourcing.

### **2.2.4 Community Health Facilities**

The Community is served by six (6) health centers and thirty (30) medical stations. There are six (6) health districts, five (5) of which are located on the main island of Grenada. Each health district has a health centre and a network of medical stations, within a three miles radius. Many of those facilities are more than 30 years old. Some facilities damaged by hurricane Ivan and Emily were either reconstructed or refurbished. However, as the Primary Health Care programme is being rolled out in the community, health centres in particular, must be reconstructed or upgraded to improve the delivery of care.

### **2.2.5 Plant and Equipment Maintenance:**

Inadequate human and financial resources challenge maintenance of health facilities. A small team, including biomedical personnel operates from the General Hospital. There is no preventative maintenance programme in place; however, the team assists with minor repairs to the community health facilities. This arrangement presents setbacks including delayed response due to lack of transportation; inability to complete tasks within shorter period and inadequate material supplies. The qualification and skills gap among staff needs to be addressed to improve performance.

### **2.2.6 Community Health Services (CHS)**

These services are provided mainly by the Community Nursing Division through a network of six (6) Health Centers, and thirty Medical Stations, which are situated within six health districts. General Medical consultations are provided by District Medical Officers and a few specialist services such as Pediatric, Neonatology, and Dermatology are also provided at Health Centers.

### *2.2.7 Primary Health Care (PHC)*

There has been a gradual decline in PHC services leading to loss of confidence in community services, increased burden at the secondary level, delay in adequate secondary care and limited preventative health education at the community level. In an effort to improve PHC services, opening hours were extended and additional staff hired. However, gaps in the required skills base, inadequate resources and an emphasis on curative care prevented the program from achieving all the desired outcomes. The Ministry remains committed to establishing a comprehensive PHC model with the focus on health promotion and disease prevention.

### *2.2.8 Secondary Care Services*

The main public hospitals in Grenada are as follows:

- General Hospital – St Georges- 198 beds
- Princess Alice - St Andrews - 45 beds
- Princess Royal – Carriacou- 40 beds

There is overutilization of hospital services for PHC, with less than 5% of clients utilizing accident and emergency being characterized as emergencies. General occupancy at General Hospital (GH) for 2013 and 2014 were 68.1% and 68.7% respectively. Chronic Non-Communicable Diseases (CNCD's) are the most common reasons for admission to the GH.

### *2.2.9 Private Services*

Private services are dominated by clinics operated by a single general practitioner or specialist. There are five (5) private health facilities on island, including three (3) laboratories. Many patients use private services to cover gaps in the public service, many of them related to their perception of quality care such as lack of privacy, and long waiting times.

### *2.2.10 Comprehensiveness*

A wide range of health services are provided, appropriate to most of the needs of the target population. These include preventative and curative, services and health promotion activities. There is limited palliative and rehabilitative services. Physical therapy is available both in the public and private sector; speech therapy available for children via the Children's Health Organization for Relief and Educational services (CHORES)



### *2.2.11 Accessibility*

Public health facilities are strategically located and no one is required to travel more than a three- mile radius to the nearest facility. The country has an excellent network of roads and a reliable private transportation system, especially during the daytime. Ambulance services are available to facilitate emergencies and transfers however, due to limited resources the services is not reliable.

Hospitals are accessible on a twenty four (24) hour basis whereas private clinics and diagnostic centers are accessible for approximately twelve (12) hours daily. Tertiary services are limited and most of them are accessed off island however, visiting specialists are made available through collaboration with SGU, CHORES, other institutions and individual specialists. Limited resources, customer service standards and outdated legislation negatively affect the quality of health services offered to clients. There are also documented cases of stigma and discrimination.

Health facilities are not easily accessible for physically challenged and elderly persons. Current services do not meet the needs of specific groups such as men, adolescents, older persons, the physically challenged and persons with alternative lifestyles.

There is no national evaluation to identify barriers to accessing necessary health services particularly in areas such as age, gender, culture and beliefs, language, literacy and level of education, sexual orientation and limited nationality advocacy with other actors to improve access to necessary health services.

### *2.2.12 Coverage*

Service delivery is designed so that all people in a defined target population are covered, i.e. the sick and the healthy, all income groups and all social groups. Currently some at risk/marginalized groups are not reached as the services provided do not meet their specific needs and some services remain centralized. The opportunity exists to increase coverage through greater use of technology.

### *2.2.13 Affordability*

Services at public health care facilities are provided at little or no cost to the public. Nominal fees are charged for diagnostic (laboratory and radiology) and pharmaceutical services. Clients/patients under the age of sixteen and over the age of sixty years are exempt from payments for pharmaceuticals at Government pharmacies once they are seen by a physician at a public facility. Social Safety Nets exist for the poor and vulnerable to allow for a basic package of primary health care services.

In the private sector, clients pay out of pocket for services requested and those with health insurance are reimbursed. Highly specialized care accessed overseas is mostly self-funded through out of pockets payments. Some patients may access assistance through the Medical Assistance Fund at the Ministry of Health.

#### ***2.2.14 Continuity***

Service delivery must be designed to provide individuals with continuity of care across the network of services, health conditions, levels of care, and over the life cycle. The current referral system has several challenges, resulting in the inefficient use of health sector resources, which negatively influences the quality of patient care. These include:

- **Limited communication /feedback regarding patient outcome**
- **Long waiting time for appointments (>9months)**
- **Inadequate information on referral and discharge forms**
- **Long waiting hours for services (diagnostic and acute services)**
- **Lack of priority being given to referrals from community hospitals**

#### ***2.2.15 Quality***

Grenada does not have a system for Continuous Quality Improvement (CQI). Some Procedure manuals/protocols are available; however, these documents need to be reviewed/updated to reflect current trends. There are structures in place to provide continuing education for healthcare staff.

There have been numerous complaints regarding attitudes of health care workers, unavailability of resources as well as confidentiality issues. The Ministry of Health has embarked on quality improvement drive throughout the public health system which included the launching of its Customer Focused Initiative targeting every employee.

#### ***2.2.16 Person-Centeredness***

Health Programs are generally developed and executed without the input of the target population. Attempts to address this were made through the revitalization of the Primary Health Care program by setting up of a District Wellness Council, which has not yet been implemented by the Ministry of Health. The operation of health facilities is presently not administered around the needs and comfort of the target population

#### ***2.2.17 Coordination:***

Local area health service networks are not actively coordinated, across types of provider, types of care and levels of service delivery. A few agreements –Memorandum of Understanding (MOU) have been signed between MOHSS and other entities and other Non-Governmental (NGO), however this type of networking needs strengthening.

Private providers offer some services that are not available in the public sector. There is need for a policy framework guiding the development of the health sector.

### **2.2.18 Accountability and Efficiency**

The Ministry of Health is charged with the responsibility for the health of the nation. Health services are managed so as to achieve the core elements described above with a minimum wastage of resources. Managers are allocated the necessary authority to achieve planned objectives and held accountable for overall performance and results.

There is no existing formal complaints procedure. Professional bodies such as the Medical and Dental Council, Nursing and Pharmacy Councils protect the public through regulation of their members.

### **2.2.19 Health Promotion**

The MOHSS provides support for health promotion activities, development of norms, and interventions to promote healthy behaviors and environments. There is no written definition of its health promotion policy; however, its short- and long-term goals in health promotion are clearly defined. There is need for establishment of an incentives system that encourages participation in health promotion activities by the sub-national levels, private institutions, other public sector institutions, and community organizations.

The MOHSS encourages the development of standards and interventions designed to promote healthy behaviors and environments. Its coordinating unit brings together representatives of community organizations, private sector and other government sectors to plan activities for meeting health promotion targets.

Special systems for delivering health education materials (e.g. social media, Web pages, telephone hotlines), need to be more readily available to the population and strategies for reorienting health services developed to include a health promotion approach that promotes the strengthening of primary health care (PHC).

Training institutions related to public health need to include health promotion content in an effort to instill positive attitudes towards health promotion among students pursuing a career in health. The following service gaps were identified in the Health Sector Situation Analysis, pages 38- 39:

- **Opening hours at public facilities are not flexible and convenient to all**
- **Doctors are only present 4- 8 hours a week and clinics usually begin very late**
- **High degree of physician absenteeism presenting a barrier to access**
- **Inconsistent quality of care at both CHS and hospitals including clients being treated poorly due to their HIV status or mental illness and breaches of confidentiality by staff**
- **Lack of coordinated integrated care**
- **Minimal confidence in CHS resulting in clients seeking care at General Hospital and the private sector**
- **Poor physical infrastructure, stock outs of medicines and inadequate equipment and supplies**
- **Underutilization of services and equipment in private services while public facilities are faced with overcrowding, over utilization and long waiting times**
- **Poor coordination of health promotional and public education activities**
- **Absence of health promotion policy**
- **No formal procedure for lodging complaints**

### 2.3 Human Resources for Health (HRH)

A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e. There are sufficient staff, fairly distributed; they are competent, responsive and productive). The report of the *Human Resource Audit of the Ministry of Health and the Human Resources in Health Policy of the Ministry of Health Grenada*, provide valuable insight into offers insight into the current situation of human resources for health.

The MOHSSSS evaluates the current need for public health workers in its system to perform public health functions and services and identifies gaps in the public health workforce of composition and availability needing to be filled.

**Table 5** shows trend in staffing during period 2008 – 2013.

Table 5: Human Resources for Health 2008-2013

PERSONNEL	2008	2009	2010	2011	2012	2013
Physicians	80	80	80	93	93	93
Dentists	9	9	9	9	9	9
Dental Auxilliaries	4	4	4	4	4	4
Nurses	215	215	315	309	364	339
Nurse Practitioners	5	5	3	3	2	2
Nurse Assistants	195	195	192	195	195	195
Community Health Aides	44	45	45	46	46	43
Social Workers	4	5	5	5	5	5
Nutritionist/Dietician	1/1	1/0	1/0	1/0	1/0	1/0
Lab Technicians	13	13	13	13	13	13
Radiographers	6	6	6	6	6	7
Pharmacists	22	22	21	21	21	24
Physiotherapists	1	1	1	1	1	1
Occupational Therapists	0	0	0	0	0	0
Environmental Health Officers	15	12	13	13	13	13

Source: Ministry of Health

Human Resources for health require basic training at the general level. Shortages in specialized areas including Dermatology, Oncology, Urology, Psychiatry, Psychology, Community Mental Health, Radiology, laboratory services and environmental health limit the amount of services offered to the population. The implementation of government's Attrition Policy that stipulates that for every ten (10) officers who resign or retire, the Ministry is only allowed to replace up to three (3), places a burden on the already limited staff and management of the sector has become very challenging.

### **2.3.1 Migration**

Migration of health professionals has had a negative impact on the delivery of quality health care services. Nurses in Grenada have migrated to Bermuda, Trinidad and Tobago, Tortola, USA, Canada and the United Kingdom. (**World Bank Document HR Audit 2010**)(Reference)

### **2.3.2 Retention**

There is no formal policy in place to attract and retain officers in the public service. It is evident that Grenada's remuneration package is one of the lowest in the Organization of Eastern Caribbean States (OECS).

### **2.3.3 Recruitment Policy**

There is no formalized recruitment policy in place. For some specialized areas and management positions, the Public Service Commission usually sets up an interview panel for the purpose of selecting candidate(s) to fill vacant position(s). However, the Commission is not bounded by the recommendations of the interview panel. The Ministries are also allowed to establish interview panels for filling technical positions.

### **2.3.4 Orientation**

Orientation is also done on an ad hoc basis. Occasionally the Public Workers' Union and the Department of Public Administration (DPA) would conduct some sessions with officers already in the system. The Nursing Fraternity conducts orientation for its membership. The impact of this ad hoc orientation is that officers are not aware of the policies, rules and regulations that govern them and this is counter-productive.

### **2.3.5 Succession Planning**

There is no formal institutionalized succession planning. It is done on an ad hoc basis. The impact manifests itself in the ministry having to retain the services of retired officers in areas such as public health and epidemiology. Training offered by friendly governments and institutions are not always available in the areas of need. As a result, there is an over and under supply of professionals in some specialized areas.

### **2.3.6 Intersectoral Collaboration**

There are inter-sectoral linkages with a number of agencies. They include Ministry of Education –Early Childhood Division, Ministry of Social Development, Ministry of Agriculture, Royal Grenada Police Force and National Disaster Management Agency to name a few.

These organizations collaborate with the Ministry of Health for training in veterinary and pest control, food safety, mass casualty management, emergency training and Disaster Management. The result of this is a strengthening of the capacities of the health workforce to address problems.

### **2.3.7 Public Private Partnership**

There is collaboration with St. Georges University, St. Augustine Medical Services and medical laboratory clinics, one each in St. Andrew and St. George.

There is also partnership with associations and Non-Governmental Organizations including the Grenada Diabetic, Kidney and Sickle Cell Foundations, Cancer Society and Friends of the Mentally Ill. These organizations collaborate with medical doctors who assist in the diagnoses and treatment of patients. The result is a reduction in cost to government for professional services and cost of treatment for these patients. For example, government gives a subvention to the Kidney foundation which in turn helps subsidize the cost of dialysis treatment for persons in need.

### **2.3.8 Regulatory System**

The Public Service Commission (PSC) is responsible for appointments, promotions, transfer and takes disciplinary action for personnel on the permanent establishment.

The Department of Public Administration, Prime Ministers Ministry is also part of the regulatory system and has been enforcing measures in keeping with Grenada's three -year Structural Adjustment Programme with the International Monetary Fund (IMF) This Department determines the number of people hired to the established, un-established staff and on a contractual basis. The Ministry must obtain permission from DPA before vacancies can be filled.

The impact of the above is that the hiring process is fragmented and delays service delivery when there is not a timely response from the PSC and the DPA. Additionally, the various councils such as the Medical and Dental Councils, Pharmacy, Nursing, Allied Health Councils regulate the conduct of their various members.

Regulation of professional education and practice is the responsibility of professional associations and regulatory councils such as Nurses and Midwives Council, Pharmacy Council, Medical & Dental Council and the Allied Health Professionals Council.

### **2.3.9 Improving the Quality of the Workforce**

The MOHSSSS does not have strategies in place to improve the quality of the workforce. Performance evaluation is the responsibility of the Department of Public Administration; however, but this is not implemented by all units /divisions, nor across all programme areas. Scholarships are available to pursue Masters in Public Health (MPH) programmes at St Georges University (SGU) but there is no structured programme to develop managers in the health sector.

### **2.3.10 Movement of Staff:**

The movement of administrative support staff is at the discretion of the Public Service Commission and occurs quite frequently. The health professionals are less so because of their areas of specialty.

### **2.3.11 Training**

PAHO provides short term training in most health related areas, through courses and seminars. This helps update and strengthen health workers capacity. Visiting medical professionals sometimes conduct development sessions which help in knowledge transfer.

The St. George's University (SGU) and T.A. Marrayshow Community College (T.A.M.C.C) provides training for some of our key categories of health workers. The SGU offers medical training for doctors, nurses and some aspects of Medical Technology. TAMCC's offers courses for Pharmacists, General Nursing and for Nursing Assistants. Graduates are sufficient to meet local needs. There are however shortages in various specialized areas e.g.; Cardiology, Oncology etc. The results is that the range of services offered is limited, and as such increase cost to patients who have to access financial support or who can from their own resources afford to travel overseas for treatment.

### **2.3.12 Continuing Education and Graduate Training in Public Health**

The MOHSSSS promotes continuing education and graduate training in Public Health but does not have the strategies and mechanisms in place to ensure the retention of public health workers who have been trained and to ensure that their reintegration into the workforce is commensurate with their acquired skills. Efforts to adapt the workforce to deliver services appropriate for the different characteristics of the users needs to be strengthened.

### **2.3.14 Quality Assurance in Training**

The various professional bodies such as the Nursing & medical council are responsible for the establishment and verification of professional standards. There is a requirement for continuous education and training development for re-licensure, which must be implemented. There is no formal training program run by the Ministry of Health, however, a draft-training plan is being developed. The monitoring of health care providers needs strengthening. Recently, a number of new medical laboratories have been established, but there are no policy guidelines or regulations to govern operating standards. However, *a Draft National Laboratory Strategic Plan and Legislation have been developed and are pending adoption*. Implementation of these strategic documents will strengthen over-site of all laboratories (both private and public) and the quality of service being offered to clients.

### **2.3.15 Geographic Distribution of Health Workers**

Health care workers are appropriately distributed at the district level and are adequate to provide health care services during the day. However, there is a gap in provision of services after 4.00PM.



### **2.3.16 Cost Effectiveness in Staff Retention and Mechanisms**

There is no effective retention plan in place. Incentive are offered to selected professional such as doctors to top-up their salaries by affording them allowances for housing, inducement and private practice among others. The limited incentive package across the sector results in officers leaving the system for more attractive remuneration contracts.

Government has a study leave policy in place. Persons who are granted Government scholarships are bonded and are expected to return to serve for the period of the bond. However, bonding is not fully enforced and some persons do not return to serve. This results in a brain drain on the system at significant cost to government.

Efforts are on-going by the Ministry of Education to enforce educational bonds and to ensure that scholarship recipients and their sponsors are held accountable for honoring and fulfilling their obligation to the bond.

#### **Key Challenges**

- **Replacement of the non-contributory benefit/pension package for those entering the Public Service after 4<sup>th</sup> April, 1983 following the introduction of a National Insurance Scheme (NIS).**
- **Lack of job security; Government's policy now only allows for contractual appointments for new entrants into the service**
- **Inadequate physical facilities for staff e.g. adequate lunch rooms, change room**
- **Low remuneration packages**
- **Limited opportunities for career advancement**
- **Limited opportunities for continuing education**
- **Lack of HR policies to include – retention, recruitment, orientation and succession planning**

## 2.4 Pharmaceutical Management & Technology Services

A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use. The Pharmaceutical Profile for Grenada provides detailed information on all issues related to pharmaceuticals.

### 2.4.1 Access to Essential Medicines

In the Public Sector, Pharmaceutical services are provided at the four Hospitals, six (6) Health Centers and thirty (30) Medical Stations by twenty-two (22) Pharmacists. Limited access to medicines remains a common problem. Some of the reasons are grouped as follows:

#### Ability to pay

- **Patient age 16 to 60 years, accessing all community clinics and discharged patients from hospitals (except Mt. Gay Psychiatric Hospital) pay the cost of the medication (Value) on prescriptions issued by Public Sector doctors. With the increase in unemployment, some persons find it difficult to pay and may be denied the medication**
- **Patients with prescriptions from Private Medical Practitioners are charged the cost of the medication plus fifty (50%) percent regardless of age**

#### Hours of Service

- **Pharmaceutical Services at the Community Clinics are only available once or twice weekly**
- **Late arrival of the District Medical Officer. Patients leave the clinic without seeing a doctor.**

#### Stock-outs of Essential Medicines and Laboratory supplies

- **Unavailability of medication. Due to budgetary constraints and the increase in demand for supplies, government over the years has found it difficult in making timely payments to OECS/PPS for pharmaceuticals**
- **irrational use of medicines e.g. abuse of antibiotics**
- **Poor inventory management**

Grenada has a **Medication Assistant Program (MAP)**, which is designed to assist patients who cannot afford to pay for medication. Although there is a narrowing of the gap in accessing essential medicines, there are persons who are defined as poor, disabled and necessitous who are not enrolled in the programme, and therefore have limited or no access to essential medicines. Some of the reasons noted are:

- **Limited public awareness of the program**
- **Staff constraints- there is only one Social Worker at the MOHSSSS to evaluate the socio-economic status of the persons desirous of enrolling into the program**
- **Limited coordination between Ministry of Health and other Ministries & Departments**
- **A Weak referral system**
- **Geographical location. Social worker located at MOHSS, St. George's**

Grenada has a **Social Safety Network Program** known as Support for Education, Empowerment & Development (SEED). This is a collaborative effort between the Ministry of Health and the Ministry of Social Development, to assist the poor and vulnerable. Extensive medical assistance is given through this program.

#### 2.4.2 Access to Vaccines

Grenada is part of the Expanded Program of Immunization (EPI) which accounts for over 95% of all children being vaccinated free of cost against childhood diseases. The immunization protocol was reviewed and currently the Legislation is being updated to include new vaccines to the schedule. The Ministry of Health procures vaccines through PAHO revolving fund. Procurement is funded exclusively by the Government of Grenada however, local private medical doctors are allowed vaccines free of cost on request.

#### 2.4.3 Access to Medical Technology

There is no clear line of discernment for the introduction of new technology. The biomedical unit at the General Hospital provides service to the entire public health system. Some equipment is procured through donations, which in some cases are obsolete or have exceeded their useful life, while in other instances spare parts are difficult to source. Some laboratory equipment are procured through lease arrangements with the manufacturers for the purchase of reagents while others are sourced through third party agents in collaboration with medical specialists through technical assistance from the St. George's University.

The absence of a biomedical engineer and adequate and competent support staff results in un-warranted down time of equipment, limitation of access to services and increased out of pocket expenditure for services are accessed in the private sector, and compromised quality of care. There is a minimal out-of-pocket charge for diagnostic tests at the Government Laboratory, General Hospital. Frequent stock-out of reagents, insufficient budgetary allocations and downtime of malfunctioning equipment, forces some patients to seek the services in the private sector, while others who cannot pay are denied access. Government has established Memorandum of Understanding (MOU) with the private sector for diagnostic and laboratory services that are not available in the public sector e.g. MRI and CT scan. Telemedicine is not yet available.

#### 2.4.4 National Policies, Standards, Guidelines and Regulations

Grenada is in the process of developing a National Pharmaceutical Policy. The Pharmacy Act provides for the establishment of the Pharmacy Council, which is the National Regulatory Authority responsible for the development and enforcement of laws and regulations governing pharmaceutical practices throughout Grenada. The Council has identified a number of weaknesses in the enforcement of current legislations, including lack of effective supervision and poor pharmaco-vigilance. Additionally, the laws are very outdated and there are few regulations.

Examples of identified weaknesses are as follows:

- **One (1) Pharmacy Inspector employed to serve the entire country.**
- **Some medicines and medical products enter the country without inspection at the port of entries.**
- **Sales of prescription medications from supermarkets and other outlets**
- **Importation of pharmaceuticals, including Narcotics and other controlled substances by persons not registered with the Pharmacy Council**
- **Persons practicing in the private pharmacies without requisite qualifications.**
- **Pharmacists practicing without paying Professional License Fees.**
- **Non-registration of medical products**
- **Absence of a Secretariat for the Council's work.**

#### 2.4.5 Guidelines and Procedures

A draft copy of a procedures manual document exists for the public sector; it is not assessable to all pharmacists. Pharmacists implement procedures convenient to them. The Pharmacy Division is in the process of developing a Procedures Manual.

#### 2.4.6 Drug Committee

Grenada does not have a functioning Drug and Therapeutic Committee; therefore

- **Medicines are inappropriately used (prescribed) , in particular the abuse of antibiotics**
- **There are few established treatment protocols**
- **Stock-out of medicines**
- **Limited input as it relates to addition/deletion into the Regional Formulary**
- **Non adherence to the Regional Formulary. In some instances, expensive Brand-name Drugs are prescribed for patients at the hospitals when generic equivalent are available.**

#### 2.4.7 National List of essential Medicines

Grenada shares a common Regional Medicine Formulary, which is used as the National List of Essential Medicines. Medicines are selected by the OECS/PPS Technical Advisory Sub-Committee of which Grenada is represented.

However, Grenada's contribution to supplementing the Formulary at regional meetings does not represent the views of the majority of doctors since the local Formulary Committee is non-functioning.

#### 2.4.8 Quality Assessment

The Medical Products Act of 1995 makes provisions for the licensing of all medicinal products, whether locally manufactured or imported. Lack of enforcement increases risks for the importation of substandard, falsified, falsely-labeled and counterfeit medical products. There is a standardized form for reporting Adverse Drug Reaction (ADR), however, feedback from the patients is rare. Grenada utilizes the services of the Caribbean Regional Drug Testing Laboratory (CRDTL) through OECS/PPS.

#### 2.4.9 Generic Substitution

Prescribing by International Nonproprietary name is mandatory in the public Sector. Pharmacists in the public sector are allowed to substitute a Brand-Name Drug for its generic equivalent at the point of dispensing. Branded pharmaceuticals/drugs are most often prescribed in the Private Sector.

#### 2.4.10 Procurement, Supply, Storage and Distribution

The availability of essential medicines, particularly Chronic Disease medications was approx. 85% in 2014. However, the Central Medical Stores (CMS) is challenged in the following areas:

- **Distribution of Drugs and medical supplies to the hospitals and community are often delayed due to inadequate transportation and staff. Consequently, there are stock-outs in the Community Pharmacies even if the medications are available at CMS.**
- **Donation of large quantities of medicines and medical supplies create problems for storage and disposal. Oftentimes, donated medicines are not listed in the Essential Medicine List and are not relevant to country disease pattern and are not prescribed by the doctors. Ultimately, they expire and are stockpiled at CMS and at Pharmacies.**

#### 2.4.11 Rational Use of Medicines

Irrational prescribing and indiscriminate use of medical products are quite common in Grenada. The Pharmacy Division supports the rational use of medicines, commodities and equipment.

#### 2.4.12 Medical Technology

The Biomedical unit is responsible for the identification, procurement and maintenance of the all medical equipment at both the Hospitals and the Community Health facilities. The Procurement Committee which is responsible for the purchasing of equipment has been nonfunctional for a number of years, Hence, whenever new or replacement equipment are to be procured there is great reliance on the requesting divisional head and the expertise of the Senior Biomedical Technician. There is currently no Biomedical Engineer employed within the health sector.

New equipment procured are highly technologically driven, therefore staff training in the maintenance of these equipment is paramount. A concerted effort is needed in ensuring that appropriately trained and skilled personnel is recruited and adequate financial resources allocated to enhance Biomedical Services for the health sector.

**There are numerous key challenges confronting the unit, including:**

- **Insufficient number of trained personnel**
- **Frequent breakdown of equipment due to work overload**
- **No Preventative Maintenance Policy and Plan**
- **Tardiness in obtaining spare parts and accessories;**
- **Infrequency in procurement of replacement equipment**
- **Outdated contracts with service providers**

## 2.5 Health Systems Financing

A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with payment for services. It provides incentives for providers and users to be efficient. The public health sector is financed primarily from the Government of Grenada budgetary allocations, and is supplemented by inputs from International Development Partners and Non-Governmental Organizations. Financing of healthcare is a challenge as the Ministry of Finance determines the budget and manages the cash flow.

The Ministry of Health has recognized the importance of informed decisions in the allocation of resources for health, and the importance of linking actual costs with health outcomes, so as to enhance the efficiency and effectiveness of health care services. However, planning for health sector financing is weak as the MOHSS relies on historical data to allocate financial resources for the health sector. There is no system of National Health Accounts to support evidenced based decision-making (Hatt, 2012). The Ministry also lacks the human resources to maintain such a mechanism.

Budget allocation for the Ministry of Health in 2015 is \$62.8 million (Estimates of Revenue and Expenditure, 2015) Review of available estimates (2008 to 2014) indicates that the total health expenditure is on average 5–6 % of GDP. (WHO/*GHO*, 2014, which is consistent with widely held WHO Guidelines. Government's expenditure on health as a proportion of total health expenditure is approximately 50 percent. Out of pocket payments accounts for 47 percent of total health expenditure and donor funding for health sector programs is approximately 3 percent. Over the period 2008-2014, Government's total expenditure on health was 10 -12 percent of the total budget. This is comparable with other regional territories but it is inadequate to finance the sector in a sustainable manner (Hatt et al, 2011). These results in budgetary shortfall which negatively impacts the health system, resulting in stock-outs, untimely payment for goods and services, inadequate human resources and reduced services which compromises the quality of care.

Salaries and wages account for approximately 70 % of the entire health budget, and more than 50 % of the budget is spent on secondary as opposed to community services and preventative care. (Hatt et al 2011).Whereas there may be much debate about the adequacy of Government allocation to the health sector serious concerns exist with respect to the perceived level of waste and pilfering that occurs. Poor inventory systems, ad-hoc procurement and inefficient maintenance of facilities and equipment also contribute to wastage within the health system. Government has established a Waste Management Unit to monitor public sector and efforts have been made within the MOHSS to address issues related to procurement, utilities, inventory management, and M&E within the health sector.

The Government's share of expenditure is generated primarily from taxes and revenue generated from user fees. Fees are charged for diagnostic services, prescriptions and surgeries; however, weak exemption policies and a weak billing system significantly hamper collection, resulting in services being given free to some who can afford to pay. In 2012, actual provisional budget indicates that revenue collected for hospital services was equivalent to 0.67% (\$362,000) of total health expenditure. Hospital, laboratory and x-ray fees were equal to 4.7% of total health expenditure. The user fee structure needs to be reviewed to increase efficiency as the present system allow for reimbursement from insurance companies and other entities who are able to pay for services. All revenue collected is deposited into the consolidated fund. (Johns et al, 2012).

Budgetary shortfalls in health sector spending negatively impact access and availability of service leading to a growing reliance on the private sector, both on and off island in accessing health services. This growing reliance on the private sector has increased out-of-pocket payment to finance health care needs. Out-of-pocket payment has resulted in inequality and inequity, creating barriers to access by the poor and vulnerable, and increased risk of financial catastrophe and impoverishment for families in accessing healthcare services.

Private Insurance is available to those who can afford. Approximately 20 % of the population has access to private health insurance, there is a proportion of the population (aprox. 30,000 persons residing in households) who may have the ability to pay for coverage but who do not hold such coverage (Tayag/ SHOPS, 2013). The Government of Grenada is considering modifying the health financing system by reviewing financing options to give greater scope to the development and sustainability of the public health system. In 2012, the Government of Grenada conducted a pre-feasibility study for the introduction of a National Health Insurance. Key recommendations included the need for additional studies to be conducted to determine the sustainability of a NHI given the limited fiscal space. Another of the recommendations as Health Insurance Industry Assessment in Grenada , which was completed in 2013 (Tayag /USAID 2012)

A National Health Insurance Advisory Committee comprising of representatives of the Public & Private sectors has been appointed by the Cabinet to advise Government on the way forward. Grenada's classification as an upper middle-income country, impacts negatively on its ability to access available funding which are increasing being channeled to developing countries. Records show total expenditure on health from donor funds have declined from 2.4% in 2007 to 0.735% in 2012.

## **Key Challenges**



- **Limited costing of health services**
- **Perception that all services in public health system are free**
- **Inadequate revenue collection mechanisms -lack of a billing and admissions system, free services, Collection, from foreign users**
- **Inability in the Public sector to access fees from persons who have insurance**
- **Poor Inventory Management**
- **No structure to manage procurement in the health sector**
- **Ad hoc exemption policy**
- **No retention of revenue – all collected goes to the consolidated fund**
- **Weak mechanism to engage donor agencies and manage donations to the health sector- lack of adherence to the donations policy.**

## 2.6. Information Systems for Health

A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.

The current Health Information System is mostly manual with some implementation of electronic technology in recent years. Health information is managed nationally by the Epidemiology and Information Unit (EIU). The EIU collects data mainly from CHS, hospital services, the Registrar General Department (Births and Deaths), private physicians and institutions and the Central Statistical Office (CSO).

### 2.6.1 Organization and Structure of the HIS

Grenada's national HIS includes the following components:

- Routine service delivery information system
- Epidemiological surveillance system
- Vital registration
- Census Data
- Research and M&E

### 2.6.2 Service Delivery Information System

*2.6.2.1 Community Health Services (CHS):* CHS data collected monthly from the districts is forwarded to the EIU on paper and entered into the database. It is analyzed to produce the annual Community Health Services (CHS) report. Data collection forms have been revised to allow disaggregation of data by age and sex. A Pilot Project involving the electronic compilation of reports is currently ongoing at three (3) health districts (St. George, St. John and St. Patrick).

#### Key Challenges

- **Late submission of data**
- **Incomplete data**
- **Inadequate data collection tool**
- **Errors in compilation including duplication**
- **Loss of records due to inadequate storage**

### 2.6.2.2 Hospital Services

The Medical Records Unit at the General Hospital compiles monthly inpatient statistics on admissions, discharges, and bed occupancy rates by ward based on individual patient discharge records. Mortality rates disaggregated by diagnosis (using ICD-10 codes), sex and age groups, are also compiled. The General Hospital submits monthly and annual inpatient utilization reports to the EIU. At Princess Alice Hospital, a medical records officer collects data

daily on admissions, discharges, births & deaths and bed occupancy. No routine service delivery reports are submitted by the Princess Royal Hospital or the Psychiatric Hospital.

- **Lack of reporting by the two community hospitals**
- **Lack of reporting by private hospitals**
- **Late submission of reports**

#### 2.6.2.3 Public Health Laboratories

The MOHSS does not have a laboratory network capable of supporting research on public health threats; consequently, the capacity to identify the causative agents of all reportable diseases in country is limited. There is no formal mechanism for coordination and reference between the National Public Health Laboratory (General Hospital) and international laboratories of recognized excellence.

The laboratory is incapable of meeting routine epidemiological surveillance needs and does not have the capacity to respond in a timely and effective manner to control of public health problems. There are no protocols and procedure manuals in line with surveillance information to provide a rapid response to health and environmental threats. The MOHSSSS does not evaluate the response capacity of its surveillance system as it relates to the types of health emergencies which must be monitored.

#### 2.6.2.4 Private sector:

Private providers are supplied with hard copies of reporting forms which they are required to complete and submit to the EIU. Compliance is poor because they claim process is too cumbersome and time-consuming. Electronic copies are available, however practitioners claim that they do not have access to computers to compile and manage the data. Regulations require reporting, but enforcement is weak.

#### 2.6.2.5 Epidemiological Surveillance System

Weekly Epidemiology Analysis Reports are compiled by the EIU and disseminated to heads of department and other stakeholders locally. A four-weekly report on laboratory confirmed cases of selected diseases is submitted to the Caribbean Public Health Agency, (CARPHA). This regional entity is responsible for conducting regional analyses and interpretation of data received from countries as well as for following-up with countries to validate data and investigate unusual reports and changing disease trends.

#### 2.6.2.6 Communicable Diseases

Notification of communicable diseases is mandated by law. Surveillance reports are prepared weekly by the Community Health Nurses overseeing each health district and the Infection Control Nurses at the hospitals, and

submitted to the EIU via the Surveillance Officer. The Surveillance Office collects data from selected private practitioners. The EIU produces a weekly consolidated report which is disseminated locally and also submitted to CARPHA.

#### 2.6.2.7 Sexually transmitted infection (STI)

STI data is collected primarily by the public sector services. The National Infectious Disease Control Unit (NIDCU) maintains an “Access-based” HIV patient monitoring and treatment database, equipped with an automated reporting function. The NIDCU submits monthly statistical reports to the EIU.

### 2.6.3 Vital Registration

#### 2.6.3.1 Births

At the community level, the District Nurses (DN) record births in the district register and complete a Notification of Deliveries form, which is submitted to the District Registrar, for quarterly submission to the office of the Deputy Registrar General. Notifications of Deliveries are also submitted to the Epidemiology Unit. Improvements have been noted in the timeliness, completeness and reduction in reporting errors following the introduction of bedside registration at hospitals in April 2014.

#### 2.6.3.2 Deaths

All official individual records of births and deaths are kept by the Registrar General’s Department of the MOHSSSS. The department produces the *Registrar General’s Annual Report* which includes statistics on births and deaths by parish, sex, and age group; and death statistics by cause of death.

Copies of death certificates from health facilities and individual practitioners are lodged with the District Registrar (in the out parishes) and at the Supreme Court Registry in St. George’s.

Deaths are coded by the EIU, and submitted to the births and deaths registry where the data is manually analyzed to illustrate death by age, sex, cause of death and parish annually. An annual report is produced and published by June of the following year.

#### 2.6.4 Research, Monitoring, and Evaluation

Grenada does not have a systematic health system research agenda. Occasional health sector studies are conducted by external researchers (e.g., SGU students) in collaboration with the MOHSSSS. Results-oriented work planning is in place and annual work plans with priority activities and related indicators. The Ministry of Health does not have an M&E department.

### 2.6.5 Analysis and Synthesis

Analysis of data is centered at the EIU where the Medical Officer of Health, Epidemiologist and staff are responsible for data validation, analysis and interpretation. Most of the data is housed electronically.

### 2.6.5 Communication and Use

The EIU is responsible for dissemination of feedback on communicable and non-communicable diseases, health-related disaster -in collaboration with National Disaster Management Agency (NADMA)- and deaths. The Medical Officer of Health, in collaboration with the National Surveillance and Response Team, is responsible for the dissemination of information within country.

### 2.6.7 Overall quality, relevance and timeliness

The EIU monitors the data collection instruments and processes to ensure data quality and relevance to the health system. Gradually, the system is being upgraded by the introduction of electronic systems and new structures that ensure that data gets to the central level as scheduled while ensuring accuracy and completeness. Continued training is offered to ensure accuracy and completeness of forms while also ensuring synchronization in data captured.

The Unit continues to experience challenges in timely reporting from some sectors. An Electronic Health Information System is seen as the best means by which the current Health Information System in Grenada can be improved. This computerization process has commenced with the implementation of a Pilot Electronic Medical Records (EMR) project at the General Hospital. Hardware and software have been procured and installed while training and rollout is expected to take place during the course of 2015.

### Summary of Challenges

- **Late reporting from the Community Health Services**
- **Lack of internet service at clinics resulting in the increased risk of confidentiality breaches and security of data**
- **Absence of a dedicated officer to assist in data retrieval and dissemination as per request**
- **Incomplete Laboratory data**
- **Lack of buy-in by private doctors and poor enforcement of regulations**
- **Poor storage of and retrieval of patients' file from Medical Records Division**
- **Absence of data from Mt. Gay, Princess Alice and Princess Royal Hospitals**
- **Large number of reporting forms required to be completed by Community Nursing Services**
- **Limited skills in data analysis**
- **Irregular production of the annual CMO' report**
- **Absence of a agreed set of basic indicators for submission /monitoring of the health sector**

**Table 6** summarizes the major issues and challenges identified in the health care system by building block groupings and as outlined in the previous text.

Table 6: Summary of Key Issues & Challenges by HSS Nomenclature

<b>KEY ISSUES/CHALLENGES</b>	
<b>Leadership and Governance</b>	<b>Health Services Delivery</b>
Outdated Legislation	Limited access to health services by certain population groups
Weak MOHSSSS stewardship/leadership	Low quality of available health services
Weak mechanisms for monitoring services provided	Inequities in accessing health services
Limited institutional capacity for strategic planning	Lack of national standards for essential services
Weak policy implementation	Inadequate outreach and referral services
Lack of a quality management system	Minimal involvement of communities in delivery of health services
Inadequate social participation in health	Inadequate provision of drugs and other supplies
Weak public private partnership (PPP) in the provision of comprehensive integrated health services	Lack of coordinated integrated care
Weak mechanism for public accountability	Inconsistent quality of care at CHS and hospitals
Weak sector coordination structures and arrangements	Lack of continuity of care across network of services
Inadequate Emergency preparedness and Disaster management structures	Poor physical infrastructure at some health facilities
	Lack of confidence in public health system
<b>Human Resources for Health</b>	<b>Pharmaceuticals &amp; Medical Technologies</b>
Weak HR planning and management	Out dated policies and guidelines for medicines, medical supplies and equipment, vaccines, health technologies and logistics
Low motivation of health workers	A weak supply chain management system
Inadequate number of trained health professionals	A weak monitoring and surveillance system (pharmacovigilance) for drugs
Absence of structured career pathway for most cadres	A Pharmacy Board that is functionally weak
Poor conditions of service for most health staff	Indiscriminate use of medical products
Low remuneration packages	A Pharmacy Board that is functionally weak
Inadequate use of private health services	Indiscriminate use of medical products.

Health Systems Financing	Information Systems for Health
Inadequate budgetary allocations for health care delivery	Lack of standards and guidelines for data collection, analysis and reporting
Unknown cost of providing health services	Lack of feedback at all levels
Perception that services in public health system are free	Weak capacity for data analysis, reporting, dissemination and use
Poor inventory management	Weak hospital information and vital registration systems
Cumbersome procedures for accessing donor funding	Poor engagement of the private sector and community groups in data collection
Inequitable and inefficient allocation of health sector resources	Weak relationship between HIS and programme management
Health Care is unaffordable for a many Grenadians	Outdated, inefficient manual for the HIS system
	Inadequate financial and human resources for implementing HIS plans

### 3.0 Purpose of the NSPH

The NSHP has been developed to provide a common strategic framework for the planning period covering January 2016 to December 2025. It will guide all interventions by all parties at all levels of the national health system in Grenada. Specifically, the NSPH forms the basis for:

- Developing and implementing strategic and operational plans of the health care delivery system based on the issues and challenges identified in the table below.
- Formalizing coordination mechanisms and guiding participation of all stakeholders in health development.
- Developing the long and medium term expenditure framework, and the annual budget framework for health

#### 3.1 .Guiding Principles

In identifying the issues and challenges and in consultation with key stakeholders it was the consensus that the strategic plan be developed using the following principles to guide the Grenada’s health system into the future:

- **People-centered**- the health system regards the interests of people as the central priority when making decisions. The needs of individuals, families, and communities are identified and addressed and they participate in decision-making to improve their health and well-being;
  - **Accessibility** - health services are reasonably located and user-friendly so that all people in the community including the youth can obtain the services they need in a timely fashion.
  - **Accountability** - the outcomes of health services are measured, assessed, and publicly reported to achieve maximum effectiveness.
  - **Affordability** - services provided must be at a cost, which does not act as a barrier to access.
  - **Equity** - every person has a fair opportunity to attain his/her full health potential regardless of factors such as socio-economic status, gender, age, ability, and culture;
  - **Quality** - health services are delivered within acceptable clinical standards, by qualified service providers, and in an environment of teamwork, creativity, and commitment
- Sustainability** - the public health system is structured and supported in a way that ensures stability of human resources, efficient use of financial resources, and long-term affordability.

#### 3.2 NSPH Development Process

After an unsuccessful attempt in 2013, the process re-commenced in February 2015 and was completed in October 2015. This strategic plan was developed through a consultative process, aimed at achieving consensus and promoting ownership of the process and plan by all the key stakeholders. Through the strategic planning workshops, all the key stakeholder groups, including MOHSS, relevant government line ministries and departments, NGO’s, CBO’s, the private sector and civil society actively participated and contributed to the development of this plan.



The process was coordinated by the Planning Unit of the MOHSS and was under the leadership of the Chief Planner, with technical assistance provided by PAHO. Six working groups were constituted to formulate the situation analysis and needs based strategies utilizing the building blocks of national health systems as provided in the WHO Framework for Health System Strengthening, 2007, namely: Leadership & Governance, Human Resources for Health, Healthcare Financing, Medical Products & Technologies and Health Information Systems. Deliverables were:

- A detailed Situation Analysis
- A ten (10) year Plan of Action for addressing the challenges identified
- A Monitoring and Evaluation Plan

The NSPH 2016-25 has been developed within the context of the overall national development agenda. It takes into account the whole-of-Government's planning framework by aligning programs and activities to a set of high-level outcome areas defined for a healthy citizenry. The plan is also linked to multi-sector strategic frameworks, with relevance to health, including the HIV and AIDS Policy, Adolescent health and Human Resource for health policy among others. The Plan is also linked to other CARICOM agreements such as the Port of Spain Declaration and international policies and agreements signed by the Government of Grenada including the Sustainable Development Goals (SDG's). Climate change has been identified as having a negative impact on the health sector. The plan also takes into consideration the vulnerability of the sector to natural disasters and makes provision for the development of a climate change adaptation action plan to build resilience in the sector.

The perception is that every line ministry should be working across organizational boundaries and bureaucracy to achieve the best health outcomes. However, the challenge is ensuring that collective decisions of the Government of Grenada are based upon the best-informed articulation of the challenges faced and knowledge is a key ingredient to cultural change.

Figure 6: Relationship between NHSP & Other Plans



The Strategic Plan for Health in Grenada describes the challenges currently faced by the health system and sets out new directions for the system over the next ten years (2016-2025). A clear understanding of the scale and dimensions of these challenges will demonstrate how the plan is effectively targeted on the best solutions.

### 3.3 Health Sector Strategic Plan: Goal, Mission and Vision

The development of the NHSP identified several pillars that helped guide the creation of the plan and these include an overarching goal that serves as a target for the plan. This *Overarching Goal* is the following:

**To Significantly Improve the Health Status of All Grenadians through A Strengthened and Sustainable Health Care Delivery System.**

The goal takes into account the Whole- of- Government Framework by aligning programmes and activities to a set of high-level outcome defined for a healthy citizenry. The perception is that every line Ministry should be working across organizational boundaries and bureaucracy to achieve the best health outcomes.

However, the challenge is ensuring that collective decisions of the government of Grenada are based upon the best-informed articulation of the challenges faced and knowledge is a key ingredient to cultural change. The attainment of this overarching goal is outlined in the NHSP and benefits from the Ministry of Health’s *Mission* as outlined below:

*To Promote Wellness, Restore and Maintain The Health of the People of Grenada, Through Equitable As To Efficient, Effective and People Centered Services, Based on The Values of Primary Healthcare Utilizing Public Health Actions And Healthcare Facilities That Deliver Personal Healthcare –By Both State And Non-State Actors.*

The Ministry of Health will take the lead in developing a supportive culture and skills base, instituting appropriate governance, budget and accountability framework including making preventative and primary, secondary and tertiary care more efficient. It also aims at healthy childhood initiatives, which may result in a high quality of life and decreased cost to the national health system through a reduction in lifestyle diseases. The MOHSS's Vision as outlined below helps to frame some of these concepts.

*An Integrated, Responsive, Sustainable Health System That Is Positioned To Respond To Current And Future Health Challenges*

Over the next ten years emphasis will be placed on six (6) health systems building blocks established by the World Health Organization to strengthen and improve the health care delivery system viz:- Health Services Delivery, Human Resources for Health, Health Information Systems, Access to Essential Medicines and Medical Technologies, Financing and Leadership and Governance.

### 3.4 NHSP Strategic Directions

Based on the following Building Blocks definitions of the key issues and challenges such as Leadership and Governance, Health Services Delivery, Human Resources for Health, , Pharmaceuticals and Medical technologies, Health Financing and Health Information Systems and considering the overarching goal, mission and vision the following strategic goals and corresponding objectives have been developed:

#### **Key Related Building Block: Leadership and Governance**

- **Strategic Goal:** To create an enabling environment for the development and delivery of quality healthcare services in Grenada.
- **Strategic Objectives:**
  - To strengthen the legislative and regulatory framework for health development and provide necessary capacities for implementation
  - To articulate a clear policy direction for development through the use of epidemiological profile and implementation of governments priorities
  - To strengthen coordination, collaboration, alignment and harmonization with the private sector

- To enhance performance of the national health sector through the strengthening of health management systems
- To identify and institutionalize quality assurance models for health care in the public health system
- To strengthen governance of the national health sector through improved accountability, transparency and responsiveness

### **Key Related Building Block: Health Services Delivery**

- **Strategic Goal** :An equitable, sustainable quality health service which responds to the needs of the population
- **Strategic Objectives**:
  - To strengthen capacity to provide cost effective, quality and gender sensitive primary health care services.
  - To increase access to health care services for selected population groups through adherence to established standards
  - To improve the quality of health services in the public health system through the establishment of Quality Management Systems (QMS)
  - To strengthen regulatory and professional bodies and institutions
  - To strengthen the monitoring and evaluation framework to improve quality of health care delivery
  - Strengthen infection prevention control division to function more effectively
  - To establish mechanisms for improving user satisfaction with respect to healthcare services
  - To increase private sector participation in the provision of health care services
  - To enhance health promotion and personal responsibility for health outcomes

### **Key Related Building Block: Human Resources for Health (HRH)**

- **Strategic Goal**: A cadre of competent, motivated health care workers providing quality health care.
- **Strategic Objectives**:
  - To strengthen HRH Management Systems through the provision and maintenance of policy and development of a strategic framework
  - To achieve equitable distribution, right mix of the right quality and quantity of human resources for health
  - Enhance performance among health care workers through improved working conditions

- To improve performance management systems for objective monitoring and analysis of HRH performance
- To strengthen the institutional framework for human resources management practices in the health sector
- To provide support to training institutions to scale up the production of skilled health workers
- To strengthen workforce capacity and demand

### **Key Related Building Block: Pharmaceuticals & Medical Technology**

- **Strategic Goal:** Provision of an adequate quantity and quality of safe and affordable medicines, vaccines and healthcare technology
- **Strategic Objectives:**
  - To improve access to safe, efficacious, affordable and good quality pharmaceuticals, medical supplies and technologies in the public sector
  - To establish a system for the procurement and maintenance of equipment at all levels of the health care system
  - To promote the rational use of medicines, medical technology and medical supplies at all levels of the health care system
  - To strengthen the quality assurance system for medicines regulation through improved monitoring and evaluation
  - To strengthen the legislative and regulatory framework for the efficient and effective practice of Pharmacy in Grenada

### **Key Related Building Block: Health Financing**

- **Strategic Goal:** To secure adequate and sustainable funds to support national health development goals.
- **Strategic Objectives:**
  - To implement appropriate financing strategies that will ensure accessible, efficient and equitable provision of health care
  - To protect people from financial catastrophe and impoverishment as a result of using health services
  - To establish an evidenced-based system for the equitable and efficient allocation of resources
  - To optimize the use of existing resources through improved inventory management

**Key Related Building Block: Health Information System**

- *Strategic Goal:* An Effective National Information System for health for evidenced-based decision-making
- *Strategic Objectives:*
  - To develop a policy framework for establishing a functional Health Information System (HIS)
  - To improve routine data collection quality management, dissemination and use through Information Communication Technology (ICT) and infrastructural support
  - To strengthen the knowledge management capacity in the health sector through research and Monitoring and Evaluation (M& E)

It should be noted that **Annex 1-Strategic Goals & Objectives (Action Plan)** provides a useful link between the performance indicators, relevant activities and entities/departments responsible according to the aforementioned Health Systems Strengthening (HSS) Building Blocks, strategic goal and strategic objective framework.

**3.5 Monitoring the Implementation of the NHSP**

The MOHSS realizes that the monitoring of the NHSP necessitates a detailed outline of expected outcomes and outputs by HSS building block and as seen below in Table 6. Annex 2 provides a thorough Monitoring and Evaluation framework that link the following outcomes and outputs (table 6) to key performance indicators linked to strategic goals and objectives as fully detailed in Annex 1.

**Table 7: NHSP Expected Outcomes & Outputs**

EXPECTED OUTCOMES/OUTPUTS	
Leadership & Governance	Health Services Delivery
Improved and updated legislation	Increased coverage and access to essential health services
Strengthened MOHSS stewardship/leadership role	Increased access to quality health services
Establishment of M&E Framework for health services delivery	Improved access to services
Enhanced institutional capacity for strategic planning	Increased utilization of essential health services
Improved planning and M&E for policy implementation	Effective referral system established and operational

Quality Management System established	Increased involvement of communities in management of health service delivery
Increased public private partnerships in health sector programming	Drugs and other supplies
Strengthened mechanism for effective Public Private Partnership	Increased delivery of integrated PHC & specialized services
Established mechanisms for public accountability	Existing policies and guidelines reviewed
Performance based management system established	Minimal disruption of services
Improved disaster management mechanisms	Health facilities well maintained
	Increased utilization of health services
<b>Human Resources for Health</b>	<b>Pharmaceuticals &amp; Medical Technology</b>
Effective personnel management systems established	Existing policies & guidelines reviewed and updated
HR policies including retention, succession and recruitment policies established	Decrease in breakdown and downtime of equipment
Increased production – highly motivated staff	Essential Medicines and reagents available. Timely payments made to OECS/PPS
Health facilities adequately staffed with skilled personnel	Monitoring and surveillance system for drugs and medical supplies well established.
Training & development in line with staffing requirements as specified in the Human Resource Plan	Safer practice of pharmacy
Scheme of service developed and implemented	An independent Pharmacy Board
Improved conditions of service for all cadres of health staff	Rational use of drugs
Effective & targeted staff retention measures developed. Effective collaboration between Ministry of Health and training institutions.	A Strengthened Medicines Regulation and Quality Assurance System
Local training institutions strengthened in terms of tutors, equipment and curricula	
Salaries comparable with other Caribbean countries	
Improved public private partnerships	
<b>Health Financing</b>	<b>Information Systems for Health</b>
Increased budgetary allocation to the health sector by central government.	.A comprehensive HIS Policy and Strategic Plan; providing direction for HIS development in the

	health sector
System of National Health Accounts implemented Cost of providing essential package of services	Reporting requirements harmonized and information shared at all levels
Increased awareness of cost of provision of health care	Strengthened capacity for data collection, analysis and use across the sector; Increased accuracy in data
Improved accountability of resources within the public sector	Disease surveillance information systems are re-aligned and implemented for an integrated approach
Resource mobilization strategies developed and used to secure adequate funds for achieving national health goals	Information systems integrated into one HIS, covering sector-wide information needs of all stakeholders
Sector-wide approach introduced and implemented at all levels of the health sector	Accurate and timely information accessible and used for planning , decision-making and monitoring and evaluation
Pro-poor, sustainable health financing mechanisms implemented at all levels of health service Delivery	Effective electronic system producing accurate information for decision making



**ANNEX 1: ACTION PLAN- STRATEGIC GOALS AND STRATEGIC OBJECTIVES**

**ANNEX 2: MONITORIGN & EVALUATION FRAMEWORK**

**ANNEX 3: LIST OF PARTICIPANTS**

