

A Strategic Human Resource and Training
Plan for the Universal Health Care and the
Wider Health System in Saint Lucia

Terms of Reference

for

Human Resource Consultant

June 2004

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Background

The health sector reform agenda has been shaped by a number of policy prescriptions and documents. Improvements in health were seen as a core component in the national development strategy and a focus on health development was deemed necessary in order to ensure a population that is maximally productive. Guided by the above focus the Health Sector Reform Secretariat submitted a document, “Health Sector Reform Proposals, (March 2000)”. The document articulated a philosophy and vision for health development in Saint Lucia. The vision was a health sector designed to produce wellness in the comprehensive sense involving mental, physical and social health. It did so by developing a framework along the pillars and principles of equity, efficiency, and effectiveness. The Task Force proposed that within this framework, the health system could be improved to provide a quality health product for all persons in need of care and in so doing improve health standards and health conditions on the island.

The Health Sector Reform Secretariat identified the following areas as the main problems affecting the health sector.

- ? New patterns of disease are placing increased demands on the health sector. Non-communicable diseases have replaced communicable diseases as the leading causes of death and morbidity.
- ? Public health expectations have increased as a result of the global information age. This has served to make health information more readily available to a larger section of the population. As a result consumer dissatisfaction with the present health system has increased.
- ? The existing source of health care financing is not sustainable in its present form.
- ? The escalating cost of providing health care services at the secondary care level (hospital based) is causing valuable resources to be diverted away from essential primary health care services towards more demanding hospital based care.
- ? Increased problems of effectiveness and efficiency with existing systems of financing, resource management and service provision.

- ? The existing system does not encourage the quality improvements that are necessary
- ? The lack of effective financial and management systems.

The health sector reform document acknowledged that inefficiency and ineffectiveness were present in the health sector at all levels of care in the form of waste, poor use of human resources, lack of accountability, an absence of sound management and poor leadership. The main deficiency was identified as the limited amount of money that was available to implement changes in the health sector. Health financing was seen as a critical component to ensure that funds were available to improve health conditions and health care delivery and secure a sustainable health fund as the sector moved towards the reform agenda.

In 2002, Cabinet by conclusion No. 64, appointed a National Health Task Force to consider the feasibility of introducing a national health insurance scheme. The NHI Task Force has completed a draft concept paper for discussion, Universal Health Care: Task Force Report". The Task Force introduced the concept of Universal Health Care as a response to inequity in health care provision, scarcity of funds in the health sector and the present lack of sustainability of existing funding methods. The concept represents a system which will be capable of delivering care to all those in need through the principle of social solidarity, where all persons are expected to contribute to a health fund which will be used to provide health care for all.

Probably the single most important long term outcome of this initiative will be the strengthening of social stability at the local and national level. This can be achieved as the health system demonstrates equity in health care access and provision for all persons in need of care through the principle of social solidarity. In this way, feelings of marginalisation often harboured by the less able in our society could be greatly reduced and replaced by national pride and confidence in ones country and oneself. Social stability is a fundamental prerequisite for national development. The UHC proposals represent one opportunity to come closer to our national development goals of unity, solidarity and social and economic progress.

The main objective of the UHC is to improve access to quality and affordable health care to all residents in St Lucia. The overall aim of the UHC proposal was to strengthen the finance component of the health system by developing a finance mechanism that is capable of motivating all key stakeholders to deliver quality health care. In the document the NHI Task Force, outlined financing options and proposed a financing strategy comprised of multi-links between the main health stakeholders and levels of health care. Primary care services, the bedrock of our health care delivery system is a level of care that is under funded, while the budget for the delivery of secondary care services continues to escalate. The UHC proposals are based on the fundamental belief that cost containment and cost effectiveness in the secondary and tertiary care level will ensure a sustainable increase in resources for primary health care services which are the services that are better designed to keep people well and out of hospitals.

The main outcomes of the UHC financing mechanism are outlined below:

- ? Maximise the use of health resources and create a more efficient health system capable of providing quality health services in the most cost – effective manner.
- ? Reduce the impact of poverty by making health care affordable and accessible to all in need of care.
- ? Achieve a match between specific service requirements and available funding.
- ? Focus resources on priority health needs.
- ? Incorporate appropriate incentive and accountability frameworks into all agreements to ensure value for money.
- ? The development and implementation of standards and regulations to be applied throughout the Health Care Sector.

The System

Under the current system the main hospital, Victoria Hospital located in the capital, Castries has 167 beds. It is headed by a Hospital Administrator who reports to the Permanent Secretary of health. The mental hospital, Golden Hope with 110 beds operates under the same structure. However, plans are afoot to construct a new 160 bed hospital by 2007. It is also envisioned that the mental hospital will be on the same compound and form part of the new hospital.

The St Judes Hospital, the second largest general hospital has 110 beds and is located in the south of the island. It has been managed by the “Sisters of Sorrowful Mother” from 1966-1992. The “Sisters of Mercy” managed the hospital from 1993-2001. The Government of St Lucia took over the management of the institution from 2001. In 2003 the hospital was statutorised and operates with its own Act of Parliament and has its own Board of Directors.

The third hospital, Tapion Hospital is privately owned and is located in the capital with 26 beds.

During recent times, there has been serious depletion of qualified nurses in the system owing to emigration, the USA in particular. The Victoria Hospital has been particularly affected by this new development.

Previous Interventions

Numerous studies and reports have been commissioned and released among them:-

- ✍ Health Sector Reform report
- ✍ Primary Health Care rationalisation study
- ✍ The Universal Health Care Report
- ✍ National Manpower Training Plan.

and just recently the Government engaged a Health Review Commission to amongst other things, review and recommend improvements in the system of pay and other conditions of service for doctors and nurses. Their Terms of Reference is attached for ease of reference and for elimination of duplication.

The above reports and studies together with discussions with key stakeholders such as the Medical and Dental Association, the Nurses Associations, the Ministry of Health and the National Insurance Corporation should impact the outcomes of this consultancy.

The Universal Health Care **Human Resource Training and Development Committee (HRTDC)** is one of several technical sub-committees established by the National Health Task Force (NHTF) to assist with design and implementation of the UHC programme. The Committee has the responsibility to advise the Task Force and the Ministry of Health on human resource matters.

Problem Statement

There are difficult challenges ahead for the health industry. Deregulation and structural adjustment programs have become essential instruments for equipping the health sector to cope with the challenges. The changing epidemiological profile and demographic patterns of the population have important implications for the health needs and demands that are likely to manifest at health facilities. Poor attention to education, training and socialisation will render us archaic by technological processes that are super productive, increasingly knowledge driven, capital intensive and increasingly standards oriented. We therefore must invest heavily in our human resources in order for them to remain relevant.

Proposed changes in the organisational structure, roles and responsibilities and financing of health services have mandated a review of the human resource capacity to meet the challenges of the delivery of health services. Knowledge of the matrix of components, their significance and complexity are indispensable in prioritising health issues; development of policies and regulations; and designing programs for efficient deployment of resources to achieve target outcomes. There is a recognisable paucity of qualified and trained professionals in a number of areas, while in other areas the numbers

are being depleted at an alarming rate. In addition, there may be an oversupply in some areas. This needs to be analysed and a system of management put in place. Moreover;

- ? The emergency services show a major gap in the pre-hospital emergency services particularly in the area of organisational structure and human resources available to respond effectively to emergency calls.
- ? The current system of human resource engagement and utilisation does not lend itself to effective HR management and does not require accountability from employees.
- ? Communication and information flows between the private health and public health sectors is almost non-existent; yet these are crucial in improving the coordination and integration of enhanced linkages between providers, financers and users of health services especially with the introduction of the UHC.
- ? The changing epidemiological profile of the society requires a broadening of the scope of specialist training for health and non-health professionals.

Following are some of the significant changes in the Health System that drives the need for improvement in human resources:

- ? The introduction of Universal Health Care
- ? The expansion of polyclinic services
- ? The construction of a 160 bed general hospital
- ? The construction of a 104 bed mental hospital
- ? The development of a national comprehensive substance abuse programme (20 beds)
- ? A comprehensive mental health care reform geared towards a reorientation of health services.

The success of St. Lucia in implementing its financing, payment and delivery of health services can be judged on whether it has achieved equitable deployment of resources, enhanced efficiency, improved accountability and cost containment. In the final analysis success would be determined in the improvement in the quality of care available to all.

Responsibilities of the Consultant

1. To prepare a comprehensive and strategic human resource plan which should address amongst others:-

- ✍ Skills mix for each service provider, the Ministry of Health and the UHC Administration
- ✍ Strategies for optimum utilisation of human resources and flexibility in the recruitment and utilisation of these resources
- ✍ Strategies for reduced dependency on external recruitment

- ✍ Continuous quality improvement
 - ✍ Continuous professional development
 - ✍ Succession planning and clear career paths.
 - ✍ Strategies for effective recruitment, development and retention of quality personnel.
2. Submit a report including assessment of the current human resources and provide recommendations for sustainable human resource capacity in the new system.
 3. Submit a Training Plan to enable the new Health System to deliver quality and timely care to all.
 4. Define the Regulations to govern the terms and conditions of employment, benefits, code of conduct and disciplinary measures of staff employed in the new health system.
 5. Any other report which the Consultant deems to be necessary for the seamless integration of services in the primary and secondary health care system.

Output

1. A situation analysis of the health system to determine the human resource gaps and forecast future needs in achieving desired outcomes.
2. A detailed human resource and training plan for the efficient and effective delivery of health care in St. Lucia.
3. Recommendations for the necessary systems and procedures to strengthen the capacity of UHC and the Ministry of Health to obtain and retain the number of people it needs with the appropriate skills, expertise and competencies.
4. Regulations on conditions of employment, codes of conduct and discipline for the health sector.

Period of Engagement and Duration of Consultancy

The selected Consultant(s) or Consulting Firm is required to submit with their proposal the duration of the consultancy with a work plan detailing both the time line and the work schedule bearing in mind that the Government of St Lucia wants to introduce the system in mid 2005.

Consultancy Fee and Payment Schedule

The Consultant is required to outline the consultancy fee in US Dollars which includes all expenses and should be linked to the workplan and outputs.