

National Health Policy & Strategic Plan for the Cayman Islands 2012-2017



Health and Well-being
for All in the Cayman Islands



MINISTRY OF
HEALTH, ENVIRONMENT,
YOUTH, SPORTS & CULTURE
CAYMAN ISLANDS GOVERNMENT

NATIONAL HEALTH POLICY & STRATEGIC PLAN FOR THE CAYMAN ISLANDS

2012-2017



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Foreword

It gives me great pleasure as the Minister of Health, and on behalf of the Government, to present the National Health Policy and Strategic Plan (2012-2017). My vision for a health system that ensures access to the highest quality care at costs that are affordable and sustainable for all residents of the Cayman Islands led me to initiate this process, and I am proud that our efforts have culminated in this Plan.



While we in the Cayman Islands can certainly say that we have made great strides in securing quality healthcare for our citizens and residents, it remains a fact that providing affordable and accessible health services will be an ever present and infinite challenge. In addition, we are facing many new health issues that have developed over the years, such as the rise in non-communicable diseases including diabetes, obesity and hypertension, as well as the ever-increasing cost of care. The only way to make real progress is to set clear objectives, which is what we have achieved with the completion of the country's *first* National Health Policy and Strategic Plan.

At a time when we face rising healthcare costs and budgetary constraints, it is imperative that we rise to the challenges with a clear vision and a strong sense of direction. An overarching National Health Policy and Strategic Plan will enable us to do just that. With this Strategic Plan, developed in collaboration with public and private sector leaders we have for the first time an overarching, guiding policy that outlines our vision, goals and objectives for our healthcare initiatives. For Government agencies, this means they can now move from strategy to implementation, efficiently and purposefully; and for our private sector health partners, it means they can align their efforts with the national health objectives.

Apart from giving us strategic direction for the Cayman Islands health system, it is also my hope that this National Health Policy and Strategic Plan milestone will change the perception of our health. To begin with, we must squarely face the enormous problems of obesity and the financial

and personal toll of non-communicable diseases. In addition, we have to recognize and promote the notion that health is a national asset and that it should be guarded as such. However, our health is the sum of the health of each of our citizens. Built into the fabric of the Strategic Plan is the notion that each citizen has to be part of the implementation of the Plan. Health is the personal responsibility of every citizen.

I would like to thank my Chief Officer for her support and assistance throughout this exercise, PAHO for facilitating and guiding the process and preparing this plan, and to my senior policy Advisor of Health for her tireless efforts.

Finally, I would like to sincerely thank all the public and private stakeholders who committed many hours of their time to help develop this landmark document. The fact that the National Health Policy and Strategic Plan started with a collaborative and inclusive process certainly bodes well for its successful implementation. It is my hope that this National Health Policy and Strategic Plan will channel our energies into a singular focus. It is together that we will address the challenges of becoming a healthier nation.

Minister of Health, The Hon. Mark Scotland, JP

Message from the Chief Officer

I want to extend my sincere thanks to everyone who has participated in, and contributed to, the drafting of this document. Engaging citizens in policy-making is a core element of good governance: It allows government to tap new ideas, resources and information when making policy decisions; but equally important, it serves to build public trust and ensures public ownership and support of government policies.



As such, we purposefully chose an inclusive method for developing our National Health Policy and Strategic Plan. This choice is also reflective of our Ministry's commitment to build and strengthen cross-sector partnerships in a bid to answer today's many challenges, for whether dealing with climate change or public health concerns, our ministry does not – and indeed cannot – function in a vacuum. Progress is only possible if everyone commits to the same goals.

Particularly where our nation's health is concerned, we are facing some tough challenges and even harder decisions. Government is already spending close to one fifth of its entire annual budget on healthcare, with current trends only signaling an increase. The good news is that with a policy document now in hand, we will be able to streamline public, private and volunteer efforts for the greater good.

Finally, I believe that public participation is necessary in order for government agencies, businesses, and non-governmental organizations to align their efforts. Including individuals in government's decision-making process has the added potential to change how people think and act, helping to transform our citizens and residents into change agents.

With that in mind, I am certain that everyone who has been part of our stakeholder meetings will agree with me that it was a worthwhile exercise that resulted in some excellent work. You have made very valuable contributions so far, and I'm confident with your continued support we will achieve our goal of ensuring health and wellbeing for all.

Chief Officer of Health, Environment, Youth, Sports and Culture
Jennifer Ahearn, JP

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List of Acronyms

Acronym	Details
AIDS	Acquired Immune Deficiency Syndrome
CEO	Chief Executive Officer
CMO	Chief Medical Officer
CINICO	Cayman Islands National Insurance Company
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
HOD	Head of Department
M&E	Monitoring & Evaluation
MOH	Ministry of Health
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organization
NHPP	National Health Policy and Strategic Plan
PAHO/WHO	Pan-American Health Organization / World Health Organization
PHC	Primary Health Care
SWOT	Strengths, Weaknesses, Opportunities, Threats

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Executive Summary

The constitution of the Cayman Islands affirms the intention to provide a comprehensive healthcare system.

The purpose of the National Health Policy & Strategic Plan (NHPP) is to provide an overarching guiding policy for the Cayman Islands that outlines the vision, values, strategic directions and the objectives with regards to health and the health system.

The vision is *“Health and Well-being for All in the Cayman Islands”*.

An all-inclusive process led by the Ministry of Health, with the support of PAHO/WHO, brought a broad range of national stakeholders together during a consultation workshop. Participants engaged in a policy dialogue using a realistic approach, including the consideration of the essential functions of public health¹, the six building blocks of health systems², as well as the sector’s capacities, resources, and constraints (in consideration of resource mobilization). Considering the contextual issues of the country, participants analyzed the current situation and forecasted future health concerns. From this meeting the vision, values, and objectives were defined and in a follow up meeting the NHPP was validated.

The analysis of the situation shows a health system with numerous strengths that produces health results that surpasses those of many countries in the region. Yet, there are several growing challenges including among others; an increase in socio-behavioural risk factors resulting in a growing epidemic of non-communicable diseases; shifting needs and health service expectations among the population; the growing burden on health services from chronic illnesses; and rising healthcare costs. These challenges call for a clear policy and strategies for improving the performance of the health system in order to ensure that the new challenges and demands are well addressed.

Pioneering features of the NHPP are the emphasis on the involvement of all sectors in improving health, the planned efforts to work towards a health conscious population empowered in protecting health and the strong commitment for developing broad partnerships within and outside the health sector. These are aligned with strategies to strengthen the building blocks of the health system and various essential functions in public health.

¹See annex 3

²See annex 4

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The following strategic directions are identified and for each of these, two objectives are presented in the NHPP.

Strategic Directions

1. Leadership and Governance: Strengthen institutional capacity for leadership and governance
2. Health Financing: Implement an equitable and sustainable health financing model
3. Health Workforce: Enhance human capital to ensure an available, competent, responsive and productive health workforce to improve health outcomes
4. Inter-sectoral Collaboration for Disease Prevention and Health Protection: Promote the contribution of all sectors to health and well-being
5. Health Promotion and Social Participation: Achieve an educated, empowered health conscious population
6. Service Delivery and access to medical products, technologies: Further develop accessible, high quality integrated health service delivery networks based on the Primary Health Care approach
7. Health Information: Develop a robust health information system with multi agency linkages to improve the quality and coverage of health relevant information to be used for decision making
8. Health Information/Research: Promote increased research for the production, dissemination and utilization of relevant health information, knowledge and scientific evidence for decision making
9. Emergencies and Disasters: Maintain the capacity to respond to and manage all emergencies and disasters to mitigate the impact on health.

Guiding values expressed in the NHPP demonstrate the commitment towards equitable, accessible, affordable and sustainable high-quality care based on evidence. This should be accomplished with continuous performance monitoring, provided in a caring and compassionate manner with the patient at its centre.

The list of values also embraces beliefs such as the enhancement of awareness and personal responsibility of people for health, the importance of multi-sectoral actions and working in an innovative manner through dynamic partnerships.

The NHPP will serve as an instrument in providing direction and coherence for the many stakeholders involved in improving the health of the population of the Cayman Islands.

Going forward with the NHPP will require the development of a costed annual operational plan and a comprehensive monitoring and evaluation plan as follow up steps for the implementation of the NHPP.

Background

Purpose of the National Health Policy & Strategic Plan

The purpose of the National Health Policy & Strategic Plan (NHPP) is to provide an overarching guiding policy for the Cayman Islands that defines the vision, values, strategic directions and objectives with regards to health and the health system.

A national policy and strategic framework is vital to health development, because health is known to be a broad and complex issue and the health system has many components with many stakeholders, both within the health sector and outside. The NHPP will serve as a critical instrument in providing direction and coherence for stakeholders and the public to improve the health status of the population in the Cayman Islands.

Definitions and concepts in Health

Health is defined as the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

The Health System is the sum total of all the public and private organizations, institutions and resources whose primary purpose is to promote, restore and maintain health.

Health Services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health, including personal and non-personal health services.

The NHPP acknowledges that actions to improve health and well-being for all in the Cayman Islands should focus not only on the delivery of health services, but also on addressing the broader public health agenda with many non- health sectors impacting the health of the population.

The NHPP also recognizes that the health of the population is both a result of, and contributor to, national socioeconomic development.

A table of definitions and concepts in health is provided in annex 2.

Process and analytical framework

The NHPP is a result of an inclusive process among a broad range of stakeholders including policy and decision makers, CEOs and other top and midlevel managers, educators and researchers, administrators, practitioners and health advocates. They represented the public health sector, the private health sector, professional groups, insurance companies, various non-health sectors (such

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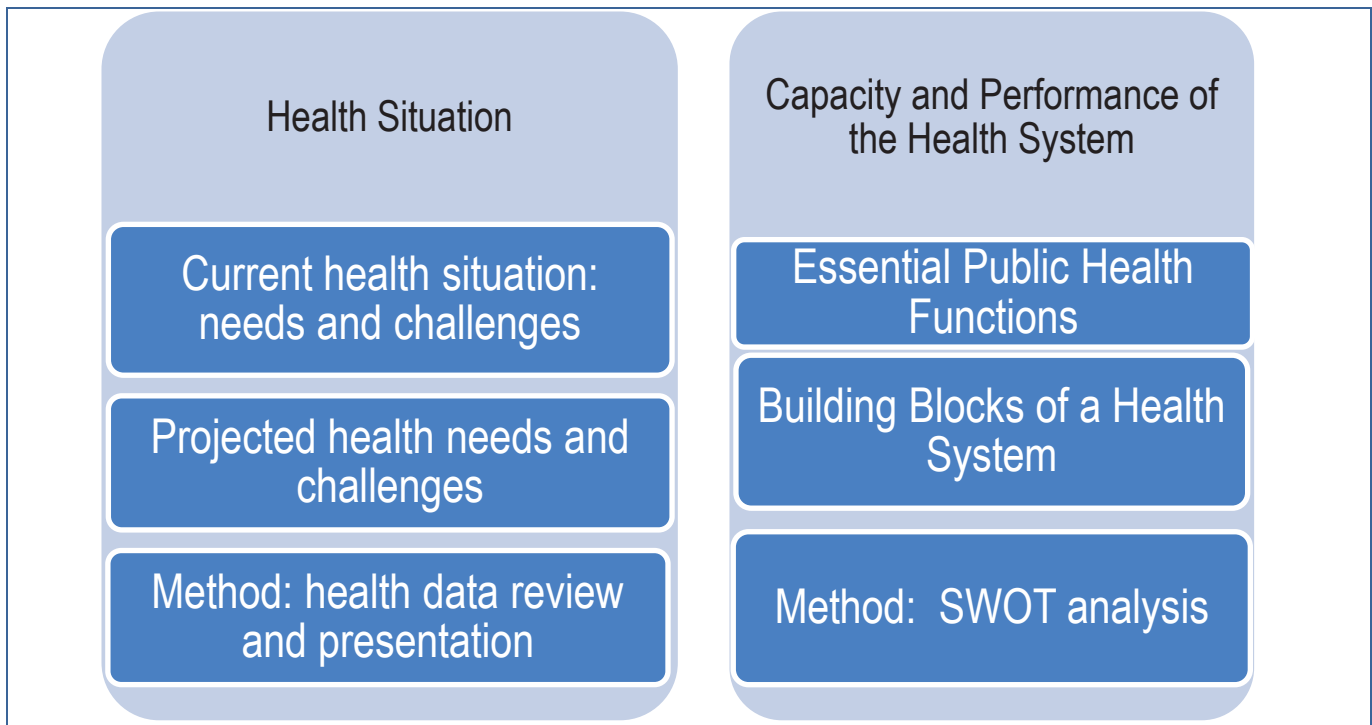
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as education, environment, sports, agriculture, gender, housing and the community development sector), as well as non-governmental organizations working with and for beneficiaries.

The NHPP builds on the best available evidence of the health situation of the Cayman Islands and on consensus among the stakeholders. In a joint effort, the stakeholders analyzed the situation and identified essential policy elements, strategic directions and key objectives necessary to achieve health and well-being for all in the Cayman Islands.

The following analytical framework was used to reach consensus on the health situation and develop a realistic view on the capacity of the health system.

Figure 1 Framework for the Analysis



Available data on the health status of the population, health trends and the available services and programmes, were presented by the acting Chief Medical Officer. An analysis was conducted of the strengths, weaknesses, opportunities and threats utilising the eleven Essential Public Health Functions and the six Building Blocks of a Health System (PAHO/WHO) as guidance. The results provided the basis for the development of the Strategic Directions and Objectives.

Health Status and Health System in Cayman Islands

Health Status of the population

Population Data

The total population count of the Cayman Islands was 55,456 in 2010 (including an institutional population of 420) reflecting a 41.0% increase since the 1999 census. From this, 50.5% are female (27,817), 49.5% (27,219) are male in the non-institutional population. The majority of the population (95.8%) resides in Grand Cayman, largely in the capital city George Town. The remaining Sister Islands (Cayman Brac and Little Cayman) account for approximately 4.2% of the total population³.

Health Data

Overall, the general health status of the population is very good and there are many positive points to be noted including the fact that:

- The incidence of vaccine preventable disease is negligible (Table 1)
- Vector borne diseases are not endemic to the Cayman Islands
- The infant mortality is very low (Table 2)
- There has been no maternal death in the last five years.

Table 1 Vaccine preventable disease and the year of the last reported case in the Cayman Islands, 2012⁴

Disease	Year
Polio	1957
Diphtheria	1983
Measles	1990
Rubella	2000
Tetanus (Adult)	2003

³Economic and Statistics Office, Government of Cayman Islands. Census 2010

⁴Source: Health Services Authority

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Table 2 Infant and Maternal Mortality Rate 2006-2011

	2006	2007	2008	2009	2010	2011	Avg.
Infant mortality rate (per 1,000 live births)	8.7	8.3	2.5	3.7	2.5	5.1	5.1
Number of infant deaths	6	6	2	3	2	4	3.8
Neonatal mortality rate (per 1,000 live births)	8.7	8.3	2.5	3.7	2.5	5.1	5.1
Perinatal mortality rate (per 1,000 live births)	18.5	12.4	7.6	6.2	6.1	6.4	9.5
Number of Still births	12	3	4	2	3	1	4.2
Maternal Mortality rate (per 100,000 births)	0	0	0	0	0	0	0

The principal concerns in relation to the present health status of the population are non-communicable diseases (NCDs) and the underlying risk factors. Table 3 and 4 show that the main causes of mortality and morbidity are from NCDs, with cardiovascular diseases and neoplasms coming top of the list. Hypertension, diabetes and mental illnesses contribute significantly to the burden of the health service facilities.

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Table 3 Ten Leading Causes of Death, 2006 and 2010, Cayman Islands⁵

Conditions	2006	Rank	Proportion (%) of total Deaths all Causes	Conditions	2010	Rank	Proportion (%) of total Deaths all Causes
Malignant neoplasms	50	1	29.9%	Diseases of the circulatory system	42	1	27.6%
Diseases of the circulatory system	42	2	25.1%	Malignant neoplasms	32	2	21.0%
External causes	23	3	13.8%	External causes	23	3	15.1%
Diseases of the respiratory system	11	4	6.6%	Diseases of the respiratory system	10	4	6.6%
Diseases of the genitourinary system	7	5	4.2%	Endocrine, nutritional and metabolic diseases	9	5	5.9%
Symptoms, signs and abnormal clinical and laboratory findings	6	6	3.6%	Diseases of the nervous system	9	5	5.9%
Diseases of the digestive system	6	6	3.6%	Symptoms, signs and abnormal clinical and laboratory findings	7	6	4.6%
Endocrine, nutritional and metabolic diseases	5	7	3.0%	Diseases of the genitourinary system	4	7	2.6%
Infectious/communicable diseases	5	7	3.0%	Diseases of the digestive system	4	7	2.6%
Diseases of the nervous system	2	8	1.2%	Infectious / communicable diseases	4	7	2.6%
Total (Leading Causes)	157		94.0%	Total (Leading Causes)	144		94.5%
Total Deaths, all Causes	167			Total Deaths, all Causes	152		

⁵Source: Health Services Authority.

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Table 4 Top Diagnoses for Inpatient/Outpatient Services 2006 and 2010⁶

Chronic Disease	2006	2010
	Patients	Patients
Hypertension	2,581	3,273
Diabetes	1,450	1,691
Mental Disorders	1,458	1,490
Asthma	670	485
Cancer	254	315
Coronary Heart Disease	245	332
Chronic Lung Disease	215	288
Osteoarthritis	311	164
Congestive Heart Failure	140	169

The Health System

The Ministry of Health has overall responsibility for oversight and regulation of healthcare services within the Cayman Islands.

Figure 2 Health stakeholders under the direction of the Ministry of Health

Health Departments and Authorities: Health Services Authority (incl. Public Health) Department of Health Regulatory Services National Drug Council	Boards and Committees: Health Practice Commission Health Insurance Commission Pharmacy Council Medical and Dental Council Council for Professions Allied with Medicine Nursing and Midwifery Council
Health Insurance Companies: CINICO (government owned) Private companies include: Aetna, Alico, BAF, Cayman First, CayMed Plus, Colonial Medical/BritCay, Fidelity, Generali,	

⁶Source: Health Services Authority

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Legislation under the Ministry's portfolio (Laws and Regulations):

- The Health Practice Law (2005 Revision)
- The Health Practice Registration Regulations (2005 Revision)
- The Health Services Authority Law (2010 Revision)
- The Health Services (Fees) Law (2002 Revision)
- The Health Services (Fees and Charges) Regulations, (2008 Revision)
- The Health Insurance Law (2011 Revision)
- The Health Insurance Regulations (2005 Revision)
- The Health Insurance Commission Law (2010 Revision)
- The Medical Negligence (non-economic damages) Law, 2011
- The Mental Health Law (1997 Revision)
- The Mental Health (Place of Safety) Regulations 1995
- The Pharmacy Law, 1979 and the Pharmacy Regulations (1999 Revision)
- The Public Health Law (2002 Revision)
- The Public Health (Communicable Diseases) Regulations (1997 Revision)
- The Public Health (Infectious Waste) Regulations (2002 Revision)
- The Ships (Sanitation Control) Regulations, 2011
- The Public Health (Quarantine) (Amendment) Regulations, 2011
- The Tobacco Law, 2008 and the Tobacco Regulations, 2010

Health care is provided by the Health Services Authority (a Crown corporation) and the private sector.

The Chrissie Tomlinson Memorial Hospital is an 18 bed hospital and is privately owned; there are approximately 40 private doctors' offices/clinics with specialist doctors and/or general practitioners.

The Health Services Authority is the sole provider of healthcare services in the public system. It has a defined organizational structure (Figure 3) and consists of the following facilities and services:

- 104-bed Cayman Islands Hospital on Grand Cayman
- 15-bed Faith Hospital on Cayman Brac
- Primary Health Care & Public Health Services are delivered through:
 - Faith Hospital in Cayman Brac
 - 5 District Health Clinics in Grand Cayman
 - 1 District Health Clinic in Little Cayman
 - School Health Clinics

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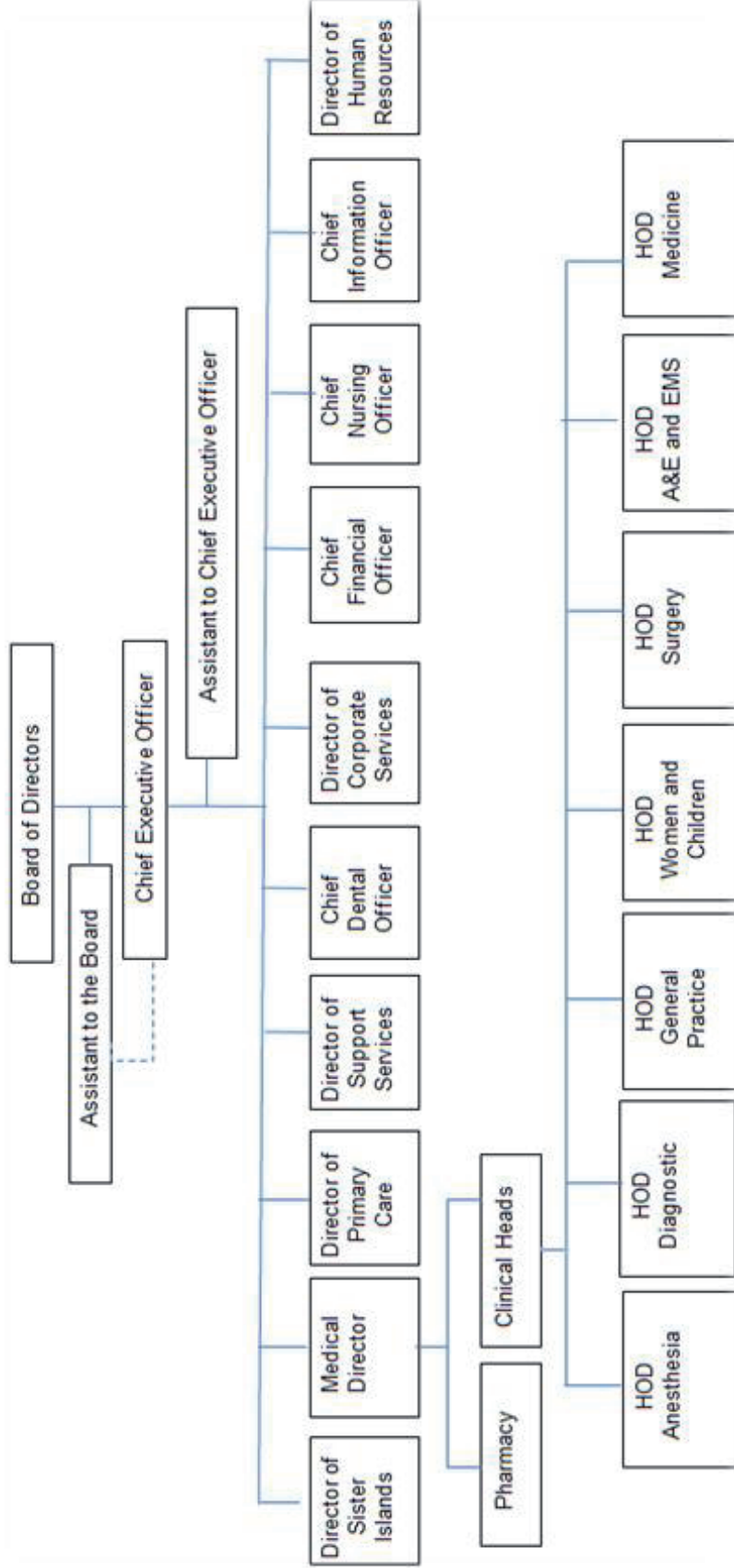
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- Dental services are delivered on site at the Cayman Islands Hospital and the Faith Hospital as well as through the schools and district clinics in Grand Cayman and Little Cayman.
- Ophthalmology services are delivered on site at the Cayman Islands Hospital and through visiting specialists on Cayman Brac.

The Cayman Islands Hospital and Faith Hospital offer inpatient and outpatient services, including some specialist services. While some tertiary care can be provided locally, a significant number of tertiary care patients are sent abroad (overseas).

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Figure 3 Organizational Chart of Health Services Authority



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The Board of Directors is appointed by the Governor in Cabinet, based on recommendations from the Minister of Health. Under the Health Services Authority Law, the Minister may, after consultation with the Authority, give policy directions.

CayHealth

This is a recent initiative of the Ministry of Health and the Health Services Authority to have all residents accessing care at the H.S.A. assigned a preferred Primary Care Physician for continuity of care. The programme was launched in 2010 as a pilot project to the clients of the Department of Children and Family Services who receive their healthcare benefits through the existing indigent programme.

The goals of the programme are to:

- Streamline the care given to the population
- Better manage the health of the patient
- Increase patient responsibility in accessing services
- Better facilitate referrals to the specialist and or overseas care (where services are not available locally).

It is envisioned that the programme will be extended to all patients receiving care at the Health Services Authority.

Other governmental agencies in the Health System

Other departments that are part of the public health response, but are not under the direction of the Ministry of Health are the:

- Department of Environmental Health
- Department of Agriculture
- Mosquito Research and Control Unit

Health System Strengths and Challenges

The SWOT analysis led to the identification of strengths to build upon and opportunities to utilise in addressing challenges faced in health.

Numerous strengths were identified within the health system.

Leadership and Governance:

- Legislation in many areas of health
- Regulatory bodies for licensing of healthcare practitioners and facilities
- Public Health functions; the surveillance system for example, and public health programmes demonstrate their strengths by achieving excellent results in controlling communicable diseases. Immunization coverage is high (98%), surpassing many countries and there is an outstanding disaster management system with collaboration between the public and private sector and the population is kept well informed.

Health Workforce:

- Practitioners committed to delivering quality healthcare

Health Service Delivery:

- The health service infrastructure facilities are in good shape and well equipped
- Facilitating measures for access to care:
 - A Health Insurance Law aiming to have the total population covered
 - CayHealth expresses recognition of Primary Health Care (PHC) as the basis of the health system and structures supply of close-to-client care with referral systems to secondary care and increasing utilization of services at the primary level.

In addition to the strengths, **several opportunities** were identified to strengthen the existing and evolving health system; the opportunities for partnerships with the private sector and with other national government institutions, advances in health technologies, interaction with regional and international agencies and capacity building opportunities and research grants offered by these agencies. The size of the population was recognized as both an opportunity to achieve health outcomes, as well as a threat. The small size of the population is a challenge to the sustainability of specialist health services and does not offer sufficient volume of cases to maintain the necessary skill levels of certain practitioners (e.g. open heart surgery). **Medical tourism** was mentioned as an opportunity in terms of exploring the affordability of tertiary care services in the Islands for visitors as well as for residents.

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Identification of internal weaknesses as well as threats from outside the system led to a **realistic view on the challenges** that need to be addressed.

Leadership and Governance: There are some gaps in legislation e.g. in the area of environmental health and food safety. Some existing laws require updating. Due to resource limitations and court scheduling issues, the enforcement of the health insurance law is not optimal. While there is collaboration among agencies and across sectors, there is a need for improving coordination which should be governed by the Ministry of Health.

Health Workforce: It was recognized that a structure is needed for higher learning and to train future healthcare practitioners as well as an appropriate credentialing process for practitioners. The loss of skilled healthcare practitioners due to high turn-over and the need to harmonize a workforce with many members from outside were concerns which are currently not well addressed.

Health Information: Insufficient sharing of data across institutions, the lack of a national health research agenda and funding were concerns demanding attention.

Health Financing: The current trend of rapidly increasing costs of healthcare is having serious consequences for the government. There is a need to address escalating costs and arrive at a sustainable health financing model to ensure the future viability of the healthcare delivery system.

Service delivery: While several measures are already in place for quality improvement in care, there is need for a programmatic approach for all service providers. Duplication of services due to lack of communication and coordination of actors in service delivery, including NGOs, was recognized.

Some **identified threats** to the health system are the ageing of the population, the widely available information on new medical technologies resulting in unrealistic expectations of the public and high costs of healthcare. The influence of multinational healthcare providers could become a threat to the national system. The threats of nuclear, bio and hazmat emergencies and increased frequency of natural disasters may become realities.

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In relation to the NCD epidemic, a number of threats were identified that facilitate the increase in socio-behavioural illnesses:

- Economic downturn results in poor eating habits
- Children exposed to social media which glamourizes unhealthy eating and unhealthy lifestyles
- Public not well informed about healthy food choices
- Lack of national guidelines for physical activity
- Infrastructure needed to encourage outdoor physical activity and alternate means of transportation
- Lack of incentivized wellness programs
- Inaccessibility of personal health data

Vision and Values

Vision

Health and Well-Being for All in the Cayman Islands

Values

We believe that the following value statements should guide the efforts in realizing the vision of *Health and Well-being of all in the Cayman Islands*:

- We will provide equitable and universal health services and programmes in a just and non-discriminating way accessible to all
- We believe that healthcare in the Cayman Islands should be affordable, sustainable and efficient
- We will provide services that are patient centered, comprehensive, integrated and holistic
- We will employ multi-sectoral efforts, partnerships, and collaborations with various stakeholders to improve health and well-being for all
- We will ensure that services are of high quality, safe, and dependable
- We believe in the enhancement of personal responsibility and conscious raising for health through advocacy, health education and the provision of patient centered services
- We will be accountable for health interventions, ensuring that interventions are based on sound evidence, geared towards measurable-outcomes, with on-going assessments and evaluations
- We will provide services in a caring and compassionate manner with respect for patients and clients while ensuring confidentiality
- We acknowledge that the responsibility for protecting and restoring health lies primarily with the health sector and we will work in a dynamic and innovative way with partners in other sectors, constantly seeking to realize health and well-being for all in Cayman Islands and striving to attain the kind of society envisioned in the Cayman Islands Constitution.

Strategic Directions and Objectives

The following nine Strategic Directions were formulated based on the SWOT analysis and the current and forecasted health situation.

	Strategic Directions
1.	Strengthen institutional capacity for leadership and governance
2.	Implement an equitable and sustainable health financing model
3.	Enhance human capital to ensure an available, competent, responsive and productive health workforce to improve health outcomes
4.	Promote the contribution of all sectors to health and well-being
5.	Achieve an educated, empowered health conscious population
6.	Further develop accessible, high quality integrated health service delivery networks based on the Primary Health Care approach
7.	Develop a robust health information system with multi agency linkages to improve the quality and coverage of health relevant information to be used for decision making
8.	Promote increased research for the production, dissemination and utilization of health relevant information, knowledge and scientific evidence for decision making
9.	Maintain the capacity to respond to and manage all emergencies and disasters to mitigate the impact on health

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Corresponding Objectives for the Strategic Directions

Strategic Directions	Objectives
1. Strengthen institutional capacity for leadership and governance	1.1. Strengthen institutional capacity through enabling health legislation, regulation and enforcement 1.2. Establish a framework to encourage multi-stakeholder collaboration
2. Implement an equitable and sustainable health financing model	2.1. Identify and define the appropriate components of an equitable and sustainable Health Financing Model 2.2. Improve, strengthen, monitor and evaluate the Health Financing Model
3. Enhance human capital to ensure an available, competent, responsive and productive health workforce to improve health outcomes	3.1. Assess the needs and availability of human resources for health 3.2. Develop a human resources for health policy and plan, and design strategies to be implemented to efficiently manage and develop human capital to address changing health needs
4. Promote the contribution of all sectors to health and well-being	4.1. Advocate for the creation of a policy requiring all government agencies to consider health and wellness impacts in the development and evaluation of policies, regulations and legislation 4.2. Promote multi-sectoral partnerships and collaboration for the integrated and efficient delivery of health and well-being services and programmes
5. Achieve an educated, empowered health conscious population	5.1. Develop a comprehensive programme of life-long learning to educate the public on health and wellness 5.2. Develop innovative programmes to empower and reward individuals for healthy lifestyle choices and achieving targeted outcomes

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<p>6. Further develop accessible, high quality integrated health service delivery networks based on the Primary Health Care approach</p>	<p>6.1. Implementation of programmes by all health services providers for the improvement of quality of care and patient safety</p> <p>6.2. Strengthen service delivery networks based on PHC to provide access to preventive, curative and rehabilitative health services to persons in all life cycle stages</p> <p>6.3. Establish a policy framework to ensure access and rational use of quality, safe and efficacious medicines and other health technologies</p>
<p>7. Develop a robust health information system with multi agency linkages to improve the quality and coverage of health relevant information to be used for decision making</p>	<p>7.1. Identify data needs, data sources and the reporting system required</p> <p>7.2. Establish a centralized, regulated, and managed data base</p>
<p>8. Promote increased research for the production, dissemination and utilization of health relevant information, knowledge and scientific evidence for decision making</p>	<p>8.1. Develop a national research policy</p> <p>8.2. Establish a regulatory mechanism to conduct research</p>
<p>9. Maintain the capacity to respond to and manage all emergencies and disasters to mitigate the impact on health</p>	<p>9.1. Conduct periodically collaborative emergency risk assessment and exercises</p> <p>9.2. Strengthen the required capacity to manage and respond to all emergencies and disasters.</p>

Going Forward

Linkages with Operational plans and budgets

This National Health Policy and Strategic Plan will be followed up by operational plans, linked to the government's annual budgets. As operational plans and their budgets are subsets of the NHPP, alignment is paramount. A review of existing operational plans will be conducted to ensure this association. Similarly, all new operational plans will need to be developed with the NHPP in mind. Further, operational plans will include a wider number of performance indicators particularly regarding access and service readiness, intervention quality, safety, measures for health determinants, health system inputs, processes, and outputs, use of healthcare services, mortality, morbidity, and health system responsiveness.

Likewise, disease or population-specific policies and strategies will need to be aligned with the NHPP. Presently, some policies such as the Government Policy on AIDS and the Strategic Plan of the Cayman Islands Health Services Authority are available. In reviewing and updating existing policies and strategies the NHPP will serve as the guiding framework, as will be the case in developing any new health related policy.

Monitoring and Evaluation Plan

Monitoring and Evaluation (M&E) are key functions assisting in achieving the expected results of the NHPP. The purpose is to track changes and explain why change may or may not be occurring. Therefore, it provides information for the improvement of objectives and activities and as such it is a powerful tool in decision-making processes during the implementation of the NHPP.

Monitoring is a routine function that collects data routinely and systematically, and reports on how the planned actions are progressing.

Evaluation is a selective function comparing baseline data with data collected in a later stage to determine the outcomes and impact of the plan and implemented activities.

A set of core indicators will be required for the nine strategic directions; one process indicator will measure the progress towards the expected result and one results based indicator will measure the results achieved in each of the strategic directions by the end of the five year implementation period. These core indicators will be developed when the action plans for each Strategic Direction are formulated in the next stage of the process. At that time, the baselines for the indicators, the result indicators and means of verification will be established. Once confirmed,

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the indicators will be incorporated within a comprehensive M&E Plan that will be developed for the NHPP and its subsequent detailed and costed operational plans.

The M&E plan will present the performance framework for the NHPP and selected indicators for all objectives in the strategic directions building as much as possible on existing performance assessment mechanisms. The collection of data and analysis of the indicators will be described as well as the dissemination strategy of findings to national stakeholders as well as for meeting reporting requirements to regional and international organizations for comparability with other countries and to track progress on global commitments.

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Annex 2: Definition and concepts

The following definitions and concepts were used for the development of this NHPP.

Health	The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity⁷.
Health system	The sum total of all the organizations, institutions and resources whose primary purpose is to promote, restore and maintain health.
Health services	Includes all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health, including personal and non-personal health services.
Personal services	Health services applied to individuals with the objective to diagnose, treat, rehabilitate health, prevent disease or promote health.
Non-Personal services	Health services consisting of collective actions applied to population groups (mass health education) or to the non-human components of the environment (basic sanitation). Therefore they might be implemented by the health sector (mass health education, spraying against mosquitoes to control dengue) or by non-health sector (motor bicycle helmets regulations, etc.).
Primary Health Care	Essential health care; based on practical, scientifically sound, and socially acceptable method and technology; universally accessible to all in the community through their full participation; at an affordable cost; and geared toward self-reliance and self-determination (Alma Ata, 1978).
Primary Care	First level of care, main entry point to the health care system.
Health Policy	Formal statement covering the vision, values, goals and broad policy directions and priorities
Strategic Health Plan	Document providing the implementation frame for the health policy and stewardship for the long-term vision and strategies to achieve goals
Operational Health Plan	A subset of a strategic plan. Includes managerial, short-term implications; outlines how to get things done with the resources (people, money, facilities, time and information) to carry out tasks.

⁷Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946

Annex 3: WHO Six (6) Building Blocks of Health Systems Strengthening

The building blocks of health systems⁸ provide a definition of desirable attributes of a health system. Each building block is defined in the table below.

Service provision	Good health services are those which 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 Workforce	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).
Health Information	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.
Access to medical products, vaccines and technologies	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.
Health 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 having to pay for them. It provides incentives for providers and users to be efficient.
Leadership and Governance	Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability.

⁸World Health Organization. Everybody's business: Strengthening health systems to improve health outcomes –WHO's Framework for Action. 2007.

Annex 4: The Essential Public Health Functions

The **Essential Public Health Functions (EPHF)** are the indispensable set of actions, under the primary responsibility of the state, that are fundamental for achieving the goal of public health which is to improve, promote, protect, and restore the health of the population through collective action⁹.

The 11 Essential Public Health Functions are outlined below:

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

⁹Pan American Health Organization/World Health Organization (PAHO/WHO), *Public Health in the Americas: Conceptual Renewal, Performance Assessment, and Bases for Action* (Washington, DC: PAHO/WHO, 2002).

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